

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38535

State File No. _____

4861

No. 300
10-48

LED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 23-Yrs.		d. STREET ADDRESS (If rural, give location) 3360 Baltimore ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Luthern Hospital			

3478

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Thomas c. (Last) Beresford			4. DATE OF DEATH (Month) (Day) (Year) Nov-6 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 4th 1900	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Downey Box Co.	11. BIRTHPLACE (City and State or Foreign Country) Huntsville Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Wilson Beresford	13b. MOTHER'S MAIDEN NAME Emma Jane Snider	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 486-09-7896	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sarah Coulson	ADDRESS 3360 Baltimore ave
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18. CAUSE OF DEATH Enter only one on one per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5400
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive gastro-intestinal Hemorrhage cause undetermined. DUE TO (c) gastro-intest.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hirt MD (Degree or title)	23b. ADDRESS 3001 Wyandotte St. K.C., Mo.	23c. DATE SIGNED 6 Nov 52.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 6th 1952	24c. NAME OF CEMETERY OR CREMATORY Huntsville Mo.	24d. LOCATION (City, town, or county) (State) Huntsville Missouri
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DATE REC'D BY LOCAL REG. 11-6-52	REGISTRAR'S SIGNATURE E. Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster	ADDRESS 918 Brooklyn
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

152-11-251

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Raymond F. Stevenson

Licensed Embalmer No. 4266

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.