No. 300
10.48

FILED MAR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9716

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1293

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 712 Corbin Terrace

3198
3010

3. NAME OF DECEASED (Type or Print)
a. (First): Mathew
b. (Middle): J.
c. (Last): Beuder

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 53

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/13/~~91~~ 1891
9. AGE (In years last birthday): ~~59~~ 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Collector
10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Mathew J. Beuder
13b. MOTHER'S MAIDEN NAME: Elizabeth McAllister
14. NAME OF HUSBAND OR WIFE: Norine A. Beuder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Norine A. Beuder, 712 Corbin Terr., KC, Mo

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	48 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Adenocarcinoma of colon	3 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		153

19a. DATE OF OPERATION: 2/23/53
19b. MAJOR FINDINGS OF OPERATION: Invasive carcinoma c̄ liver metastases
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/19/53, 19__, *to* 3/2/53, 19__, *that I last saw the deceased alive on* 3/2/53, 19__, *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE W. B. McCunniff (Degree or title): W. B. McCunniff, M.D.
23b. ADDRESS: 836 Argyle Bldg
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-53
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 3-4-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1958

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 Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 9716-53
Local Registrar's No. 1293

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of March, 1953, before me appears Norine B. Beuder, who, upon her oath, states that the original record of ~~birth~~ death for Mathew J. Beuder, died March 2, 1953, in the State of Missouri, and which was filed at Kansas City on Mar. 4, 1953, should be corrected as follows:

Item No. 8 should read July 13, 1891
Instead of July 13, 1894
Item No. 9 should read 61
Instead of 58
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of
Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

✓Affiant Norine B. Beuder wife
Relationship.

712 Corbin Terrace, Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 19th day of March, 1953

My Commission expires Oct. 21, 1953

James M. Gillis
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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