

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21477**  
**2896**

FILED JUL 9 - 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>33 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>484 Tullis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Residence, 484 Tullis</b>			d. STREET ADDRESS (If rural, give location) <b>484 Tullis</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b> b. (Middle) <b>Belle</b> c. (Last) <b>Beasley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1953</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Dec. 13, 1881</b>		9. AGE (in years last birthday) (Months) (Days) (Hours) (Min.) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Putman Co. Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Ical Talent</b>		13b. MOTHER'S MAIDEN NAME <b>Tishie Eldridge</b>		14. NAME OF HUSBAND OR WIFE <b>W. A. Beasley, (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Essie M. Lake, Independence, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute Myocardial Deкомпensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart disease</b> DUE TO (c) <b>Progressive changes of old age</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>  <b>2 or 3 yrs</b>  <b>4205</b>
18. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1950</b> , to <b>6-9</b> , 1953, that I last saw the deceased alive on <b>6/9</b> , 1953, and that death occurred at <b>11:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Fred J. Gammar</b> (Degree or title)			23b. ADDRESS <b>1202 Indep mo.</b>		23c. DATE SIGNED <b>6-10-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/10/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brotherton Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Brotherton, Tenn.</b>	
DATE REC'D BY LOCAL REG. <b>6-10-53</b>	REGISTRAR'S SIGNATURE <b>Seuldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul Carson Independence, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. Mo

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

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