

8494

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1416

FILED APR 14 1954

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		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 3839 Fremont				e. STREET ADDRESS (If rural, give location) 564 - 3839 Fremont					
3. NAME OF DECEASED (Type or Print) Ralph		a. (First)		b. (Middle) W.		c. (Last) Beck		4. DATE OF DEATH (Month) (Day) (Year) March 28, 1954	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 29, 1915		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and State or Foreign Country) Russell Co. Ky.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME E. O. Beck			13b. MOTHER'S MAIDEN NAME Delno Phelps			14. NAME OF HUSBAND OR WIFE Reba P. Beck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 355 09 1776		17. INFORMANT'S SIGNATURE OR NAME Mrs. Reba P. Beck, Kansas City, Mo.		ADDRESS			
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* <i>Guns hot Wound Head</i>						INTERVAL BETWEEN ONSET AND DEATH <i>897<sup>10</sup>X</i>	
		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) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Jackson Co</i>					
21d. TIME OF INJURY <i>3:28 PM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Self Inflicted</i>					
22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at <i>11:39A</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and on the date stated above.									
23a. SIGNATURE <i>Hugh H. Owens</i>				23b. ADDRESS <i>1034 Pratt Bldg</i>		23c. DATE SIGNED <i>3-29-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 31, 1954		24c. NAME OF CEMETERY OR CREMATORY White Hall Cem.		24d. LOCATION (City, town, or county) (State) White Hall, Illinois			
DATE REC'D BY LOCAL REG. <i>3.30-54</i>		REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Reo L. Carson</i>		ADDRESS Independence, Mo.			

(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.....  
Signature of Student Embalmer

Signed *Dean W. Huff*.....

Licensed Embalmer No. *4917*

P. O. Address *Indep., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.