

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11954

State File No.

FILED MAY 6 1954

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1690</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>3928</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>7717 Summit St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Beahan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 24, 1903</u>	9. AGE (In years, months, days) <u>50 years</u>	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) <u>Paymaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u> <u>Fred Harvey Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John J. Beahan</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Purcell</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Beahan</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>338-01-6021</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ruby Beahan 7717 Summit St.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor (n.o.s.)</u> ANTECEDENT CAUSES: <u>Diabetes insipidus</u> DUE TO (b) <u>Diabetes insipidus</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>L37X</u>	
19a. DATE OF OPERATION <u>4-12-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Brain tumor</u>				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)		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 <u>3-25-54</u> , to <u>4-15-54</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>4/15</u> , 19 <u>54</u> , and that death occurred at <u>8:35 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael Bernreiter</u> Michael Bernreiter				23b. ADDRESS <u>436 Jefferson Ave</u>		DATE SIGNED <u>4-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas E. Quirk 4316 Troost Ave.</u>			

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

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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.....

working under my personal supervision.

Student
Student Embalmer

Signed *Thomas E. Quirk*.....
Student Embalmer No.

Licensed Embalmer No. *3773*.....

P. O. Address.....

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.