.300
.48

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

Paul A. Campe?

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1955

State File No. 26004

BIRTH NO 839043 5116-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3272

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): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST LUKES HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Jackson
c. CITY OR TOWN: HICKMAN MILLS
d. Is Residence within limits of city or incorporated town? Yes ☒ No ☐ only
STREET ADDRESS (If rural, give location): 116 & BLUE RIVER ROAD.

3. NAME OF DECEASED (Type or Print): a. (First) JUDITH b. (Middle) BABY GIRL A c. (Last) BEAMER.
4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 55
5. SEX: FEMALE
6. COLOR OR RACE: CAUC.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: 7-21-55
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY MO. D
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: JACK G. BEAMER
13b. MOTHER'S MAIDEN NAME: HARRIETT ALCOTT
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: HARRIET ALCOTT ADDRESS: BEAMER.

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) Hemorrhage into ventricle of Brain ASPHYXIA. — 6 HRS 2 MIN
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FETAL ATELECTASIS — " "
DUE TO (c) — " "
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* PREMATURE — " "

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 760
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* 7-21- *, 1955, to* 7-21 *, 1955, that I last saw the deceased alive on* 7-21- *, 1955, and that death occurred at* 7:25 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul A. Gempel M.D. (Degree or title)
23b. ADDRESS: 315 Nichols Rd
23c. DATE SIGNED: 7-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Returned
24b. DATE: 7-21-55
24c. NAME OF CEMETERY OR CREMATORY: St. Luke's Laboratory
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 8-1-55
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: St. Luke's Hosp. ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.