

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26006

State File No. _____

FILED SEP 7 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 35272

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JACKSON		a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		b. COUNTY JACKSON	
c. LENGTH OF STAY (in this place) 10 mos.		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 5050 OAK ST.		3738	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) RODNEY	b. (Middle) M.	c. (Last) BECK	(Month) AUG.	(Day) 13,	(Year) 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 28, 1900	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MGR. - ALUMINUM COMPANY OF AMERICA		10b. KIND OF BUSINESS OR INDUSTRY ALUMINUM	11. BIRTHPLACE (City and State or Foreign Country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE H. BECK	13b. MOTHER'S MAIDEN NAME HORTENSE THOMPSON	14. NAME OF HUSBAND OR WIFE MARY BECK
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 168-09-1225	17. INFORMANT'S SIGNATURE OR NAME MRS. MARY BECK, 5050 OAK, KANSAS CITY, MO.	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LEFT LUNG		INTERVAL BETWEEN ONSET AND DEATH Primary
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS METASTASIS TO CEREBELLUM Conditions contributing to the death but not related to the disease or condition causing death.		162*	

19a. DATE OF OPERATION 4/11/55	19b. MAJOR FINDINGS OF OPERATION Biopsy - 2. Supraclavicular nodes. Carcinoma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 4-7, 1955, to 8-13, 1955, that I last saw the deceased alive on 8-13, 1955, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE *P. R. Byers M.D.* (Degree or title) **4635 Lyandale, K.C. 12, Mo** **DATE SIGNED** **8/13/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 8/15/55	24c. NAME OF CEMETERY OR CREMATORY NEWCOMER'S CREMATORY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG 8-15-55	REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	ADDRESS K.C. MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD P. L. Byers

0.300
0.48

Dr. Phillip Rogers
4635 Wyanette
Je 5663

Edy 12.16.52

NOV 8 1955

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 Elmo D. Zipek

Licensed Embalmer No. 481

P. O. Address Kansas City

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.