

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8992**
Registrar's No. **998**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 yrs.		STREET ADDRESS (If rural, give location) 1012 W. 41st	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1012 W. 41st			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) CHOREY c. (Last) BEASORE			4. DATE OF DEATH (Month) (Day) (Year) Mch. 6, 1956		
5. SEX ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 12, 1906	9. AGE (In years last birthday) 49 yrs.	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) letter carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Dept.		11. BIRTHPLACE (City and State or Foreign Country) D Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Chorey Beasore	13b. MOTHER'S MAIDEN NAME Alice B. Snyder	14. NAME OF HUSBAND OR WIFE Helen Adams Beasore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yea (If yes, give year or date of service) W.W.II	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Helen Adams Beasore ADDRESS K.C. Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema pulmonary due to Undetermined Cause		INTERVAL BETWEEN ONSET AND DEATH: 2 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus broncho pneumonia		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4921

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Jan 4 1956, to March 6 1956, that I last saw the deceased alive on March 6 1956 and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Harold W. Voth M.D. (Degree or title) D	23b. ADDRESS 201 Plaza Medical Bldg. 315 Nichols Rd. Kansas City, Mo	23c. DATE SIGNED 7 Mar 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/9/56	24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Ks.
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DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Pate & Sons ADDRESS K.C. Ks.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harold W. Voth

1-3-45

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.....
Howard L. Porter

Licensed Embalmer No...4705

P. O. Address 19th & Minne
Kansas City, Ks.

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.