

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032530

STATE FILE NUMBER

4539

FILED OCT 15 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300  
1-57 0

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| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY, MISSOURI</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>INDEPENDENCE</b><br>7005<br>0                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b> |  | Length of stay in 1b<br><b>10 DAYS</b>   | d. STREET ADDRESS (If outside, give location)<br><b>205 WEST ALTON</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>FRED</b> Middle <b>TUGGLE</b> Last <b>BEETS</b> | 4. DATE OF DEATH<br>Month <b>SEPTEMBER</b> Day <b>25</b> Year <b>1958</b> |
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| 5. SEX <b>Male</b> <input checked="" type="checkbox"/> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>AUGUST 4, 1897</b> | 9. AGE (In years (last birthday) <b>61</b> )<br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Road Grader</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Highway Department</b> | 11. BIRTHPLACE (City and state or county)<br><b>Atherton, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>Henry R. Beets</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Julia Thacker</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <b>Yes</b><br>World War I (Year of entry into service, date of service) | 16. SOCIAL SECURITY NO.<br><b>492-18-0584</b> | 17. INFORMANT<br><b>Official VA Hospital Records, K. C. Mo.</b> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Emphysema &amp; interstitial pulmonary fibrosis, advanced.</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>34 1/2</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) _____                              |   |
|  | DUE TO (c) <b>Bronchial asthma (Clinical)</b> |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____ |
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| 21. I attended the deceased from _____ to _____<br>Death occurred at <b>12:10 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><b>Anderson J. Williams M.D.</b> | 22b. ADDRESS <b>VA Hospital</b><br><b>4801 Linwood Blvd. Kansas City, Mo.</b> | 22c. DATE SIGNED<br><b>9-25-58</b> |
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| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>9-27-58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Salem Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Jackson County, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Geo. C. Carson &amp; Sons, Indep., Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REC.<br><b>9-26-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b> |
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All diseases in Part I must be causally related.

Anderson J. Williams ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. *4914* .....

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.