

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032539

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4093

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>95 Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Joseph Hospital</u>		Length of stay in lb <u>42 years.</u>		d. STREET ADDRESS <u>525 Bales</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type of print) First <u>Frank</u> Middle <u>-</u> Last <u>Beyman</u>				4. DATE OF DEATH Month <u>8</u> Day <u>25</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May-1-1891</u>	
9. AGE (In years last birthday) <u>67</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Supervisor</u>		11. BIRTHPLACE (City and state or country) <u>Wyandotte Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. MOTHER'S MAIDEN NAME <u>Stanley Beyman</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Perry</u>		14. NAME OF HUSBAND OR WIFE <u>Bezman</u> <u>Mary Elizabeth</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-3855A</u>		17. INFORMANT Address <u>525 Bales</u> <u>K.E. Mc</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized Carcinomatosis</u>		DUE TO (c) <u>Carcinoma of Stomach</u>		<u>8 months</u> <u>3 years</u>	
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <u>151X</u>				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT <input 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			COUNTY		STATE
21. I attended the deceased from <u>3-8-55</u> to <u>8-25-58</u> and last saw <sup>her</sup> him alive on <u>8-24-58</u> Death occurred at <u>8:30 AM 8-25-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thos. C. McHale M.D.</u>				22b. ADDRESS <u>4620 Independence</u>		22c. DATE SIGNED <u>8-26-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 28 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		
24. FUNERAL DIRECTOR <u>P. H. Blackman &amp; Son Inc.</u>			25. DATE RECD. BY LOCAL REG. <u>8-27-58</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Thos. C. McHale

after 1:00 p.m.



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 ..... *W.C. Rinne* .....

Licensed Embalmer No. *4879* .....

P. O. Address ..... *T.C. 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.