

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012692

FILED APR 23 1959 Registration District No. 78 Primary Registration District No. 5291 STATE FILE NUMBER Registrar's No. 53

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1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3358
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. HOSP.		Length of stay in 1b 22 Mon.	d. STREET ADDRESS (If outside, give location) 5108 E. 27th
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LORENA CARRIE BEE			4. DATE OF DEATH Month Day Year Apr 13 1959			
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5. SEX FE	6. COLOR OR RACE WH.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 9 1890 68	9. AGE (In years birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS	10b. KIND OF BUSINESS OR INDUSTRY RETAIL CLOTHING	11. BIRTHPLACE (City and state or country) OSKALOOSA IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edward E. REASER	13b. MOTHER'S MAIDEN NAME MARY GRANE	14. NAME OF HUSBAND OR WIFE JOHN HENRY BEE
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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. 495-03-1613	17. INFORMANT Address J. H. BEE 5108 E. 27th. K.C. Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis.		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CVA with left side paralysis 2 years ago		

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 it) 2 years ago
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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 LIBERTY MO	COUNTY	STATE
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21. I attended the deceased from 1957 to 1959 and last saw her alive on Apr 14, 59 Death occurred at 9:10 P.M. on the date stated above; and to the best of my knowledge from the causes stated.		
22a. SIGNATURE (Degree or title) Wm. H. Graham M.D.	22b. ADDRESS Liberty Mo	22c. DATE SIGNED 4/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-16-59	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR ADDRESS Melody McGilly Elyar 1800 LINWOOD K. C. Mo.	25. DATE RECD. BY LOCAL REG. 4-18-59	26. REGISTRAR'S SIGNATURE Mabel Graham
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS MAR 4 1960

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 *E. P. Gibson*

Licensed Embalmer No. *4137*
Excelsior Springs, 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.