

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-039896
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5389

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived, (if institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>1431 Summit</u>	
3. NAME OF DECEASED a. (First) <u>Beverly June</u> b. (Middle) <u>Ascraft</u> c. (Last) <u>Ascraft</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 8 59</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 21 35 27</u>
9. AGE (In years last birthday) <u>24</u>		10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wamego Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>Comer</u>		13a. FATHER'S NAME <u>Carl D. Hoffert</u>	
13b. MOTHER'S MAIDEN NAME <u>Helvia A. Hedger</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Edwin Gehart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Ascraft</u>		ADDRESS <u>1431 Summit</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebitis left leg</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>463x</u>	
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)		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 <u>Oct 6</u> , 19 <u>59</u> , to <u>11-08</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>11-8</u> , 19 <u>59</u> , and that death occurred at <u>7:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Sam C. Watzel</u> (Degree or title)		23b. ADDRESS <u>Carrollton Mo</u>	
23c. DATE SIGNED <u>11-8-59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 10, 1959</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wamego Kansas</u>	
DATE REC'D BY LOCAL REG. <u>11-10-59</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Newcome's sons</u>		ADDRESS <u>Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Wm. C. Watzel D. O.

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 *Albert H. Savage*.....

Licensed Embalmer No. *4812*.....

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.