

OHIO JUN 28 1945
1941

State File No. _____
Registrar's No. 57

Registration District No. 141

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Newell
(b) City or town West Plains, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 46
years, months or days)

3. (a) PRINT FULL NAME

Carl Otto Bean

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MA

5. Color or race W

6. (a) Single, widowed, married, divorced M-

6. (b) Name of husband or wife Hazel Bean

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Apr 16 - 1899

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace

Newell Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name H. E. Bean

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Bevan Neelie (Miss)

15. Birthplace Polk Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant

Hazel Bean
(b) Address West Plains, Mo.

17. (a)

(Burial, cremation, or removal) (b) Date thereof 5/16-45
(Month) (Day) (Year)

(c) Place: burial or cremation

Osage Union

18. (a) Signature of funeral director

Robert

(b) Address

West Plains, Mo.

19. (a)

(Date received local registrar) (b) 11/25
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County Newell
(c) City or town West Plains 46
(If outside city or town limits, write "RURAL")
(d) Street No. Libs Rt 1
(If rural, give location)
(e) Citizen of foreign country? A (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 45 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him live on May 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
lived only 30 minutes -

Due to myocardial infarction, coronary dis-
ease, chronic

Due to _____
Other conditions (include pregnancy within 3 months of death) 93d

Major findings:

Of operations ✓

Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Art Thomasburghe (M. D. or other)

Address West Plains, Mo. Date signed 5/18/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1948

RE

Director of Health Officer No. 342

Death Certificate Number 685-277

Date Filed 6-27-48

1949

NOV 1

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed L. D. Roberts

Licensed Embalmer No. 3435

P. O. Address West Plains, 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 this body is not embalmed, fact should be so stated above.