

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **11315**

FILED MAR 13 1948
Registration District No. **572**

Primary Registration District No. **6263**

Registrar's No. **037355**

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour Mo. Rt # 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Finley T.W. Co
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Seymour Mo. Rt. 4
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Finley T.W. Co
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OSCAR BEAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Bernice Bean 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 24 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 23 hr. min.

9. Birthplace Douglas County Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thom Edley Bean
13. Birthplace Webster Co Mo U
(City, town, or county) (State or foreign country)
14. Maiden name Lana Mahalda Mosley
15. Birthplace Webster Co Mo I
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Bean?
(b) Address Seymour Mo Rt 4
17. (a) Burial (b) Date thereof 2 19 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glass Cemetery

18. (a) Signature of funeral director Kelley, Ferrell, Beugma
(b) Address Seymour Mo
19. (a) Feb 28-48 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1948 hour 3:55 minute - A. M.

21. I hereby certify that I attended the deceased from April 1945 to Feb-16 1948
that I last saw him alive on Feb-16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CA. of Sigmod Colon Duration 3 YRS
Due to Metastasis to Bladder 6 mo

Due to Peritonitis 3 days

Other conditions (Include pregnancy within 3 months of death) 46E

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 J. R. Gill (M. D. or other) DO
Address Seymour Mo Date signed 2/19/48

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

RECEIVED

District Health Officer No. 6,

District File Number 348-293

Date Filed MAR 16 1948

MAR 22 1950

FEB 24 1950

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 J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Fardland, 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.