No. 300
10.48

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2046

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer
c. LENGTH OF STAY (In this place): 5 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Bean
c. (Last): [illegible]

4. DATE OF DEATH (Month) (Day) (Year): 1-22-49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M-
8. DATE OF BIRTH: 3-24-1905
9. AGE (In years last birthday): 43
If under 1 year: Months 7, Days 28
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work most during most of working life, even if retired): Attorney
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (State or foreign country): Samaliel Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Bean
13b. MOTHER'S MAIDEN NAME: Rosa Davis
14. NAME OF HUSBAND OR WIFE: Thelma L. Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
16. SOCIAL SECURITY NO.: 722-07-2906
17. INFORMANT'S SIGNATURE OR NAME: Thelma Bean
ADDRESS: Thayer Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart trouble, kind unknown (family history) — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None that I know
DUE TO (c) 7 & 7 4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. He died just before I saw him but from examination seemed to be circulatory

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): I think none, No injury
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Thayer Mo Oregon Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from He was dead when I got to him, 19___, that I last saw the deceased in life on Jan 22, 1949, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: F. A. Barnes (Degree or title) M.D.
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: Jan 22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): B.
24b. DATE: 1-22-49
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): West Plains, Mo.

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE 416 0
25. FUNERAL DIRECTOR'S SIGNATURE: Roberson
ADDRESS: West Plains, Mo (Barnes)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-2-49
District Health Officer No. 5,
District File Number 849104
Date Filed 2-3-49

MAR 16 1949

APR 13 1949

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.

Signed D D Robertson

Signed _____
Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Paris, Me

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.