

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12782

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5557</u>		Registrar's No. <u>92</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Lebo Rt.</u>		c. LENGTH OF STAY (In this place) <u>58 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains,</u>		0440			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X Rural X</u>				d. STREET ADDRESS (If rural, give location) <u>Lebo Route</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zoe</u>			b. (Middle) <u>A</u>		c. (Last) <u>Bean</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>9-14-1891</u>		9. AGE (In years last birthday) <u>58</u>	
						F UNDER 1 YEAR Months <u>6</u> Days <u>23</u>		F UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howell County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Bean</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Stuart</u>			14. NAME OF HUSBAND OR WIFE <u>Charity Bean</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>WW1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charity Bean, West Plains, Lebo Rt.,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>This is a presumptive diagnosis based on a very brief history and examination in my office the day before his sudden death. This was reported to the coroner.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>4701</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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>4-6, 1950</u> , to _____, 19____, that I last saw the deceased alive on <u>4-6, 1950</u> , and that death occurred at <u>7 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Steer MD</u> (Degree of title) <u>J</u>				23b. ADDRESS <u>West Plains Mo</u>			23c. DATE SIGNED <u>4/22/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>4-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stuart Union</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.,</u>			
DATE REC'D BY LOCAL REG. <u>4-24-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertsons</u> ADDRESS <u>West Plains, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 5-1-50
District Health Officer No. 5,
District File Number 550 256
Date Filed 5-2-50

1951 52 NOV

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *Robert A. Hagedorn*
Licensed Embalmer No. *4571*

P. O. Address.....

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.