

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34328

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 320

804

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>1804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 W. 20th</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. 20th</u>	
3. NAME OF DECEASED a. (First) <u>CAI</u> b. (Middle) <u>A</u> c. (Last) <u>BEAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 7-1876</u>
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR (Months) <u>1</u>	11. UNDER 24 HRS. (Days) (Hours) (Min.) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Burkesville Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Dory Bean</u>	
13b. MOTHER'S MAIDEN NAME <u>Emily Triplett</u>		14. NAME OF HUSBAND OR WIFE <u>Vivian Bean</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vivian Bean</u>		ADDRESS <u>Sedalia</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombo Angiitis Obliterans 2 yr</u> DUE TO <u>Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Myocarditi</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hr</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) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>Mo.</u>		42. 21	
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 _____, 19____, to <u>79, Oct 9, 50</u> , that I last saw the deceased alive on <u>Oct 9, 50</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Beckman</u> (Degree or title) _____		23b. ADDRESS <u>Sedalia Mo.</u>	
23c. DATE SIGNED <u>10/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

RECEIVED ¹⁰⁻¹⁶⁻⁵⁰
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-16-50

OCT 18 1950

OCT 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed K. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.