

S. No. 300
v. 10.48

5550

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 17173

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora	
c. LENGTH OF STAY (in this place) 28 days		d. STREET ADDRESS (If rural, give location) 303 Rock	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Marion c. (Last) Bean			4. DATE OF DEATH (Month) (Day) (Year) May 30, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1898
9. AGE (In years last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY Shoe factory	11. BIRTHPLACE (State or foreign country) Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Bean		13b. MOTHER'S MAIDEN NAME Mattie Bean	14. NAME OF HUSBAND OR WIFE Opal Bean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Not known		16. SOCIAL SECURITY NO. 487-09-0360	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Perforated ulcer, resulting in (1) Peritonitis & gangrene of duodenum (2) 38 mo.		INTERVAL BETWEEN ONSET AND DEATH (1)abt. 2 years (2) 10 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 576 RFA			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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 May 2, 1951, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Ed Brashears M.D.		23b. ADDRESS Mt. Vernon, Missouri	
23c. DATE SIGNED May 30, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora, Mo.	
DATE REC'D BY LOCAL REG. June 1, 1951		REGISTRAR'S SIGNATURE Cecil Henderson 411	
25. FUNERAL DIRECTOR'S SIGNATURE W. W. Wood		ADDRESS Aurora, Mo.	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

JUN 4

Dist. File

651-1288

Date Filed

6-6-51

JUN 15 1951

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 _____

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.