

# STANDARD CERTIFICATE OF DEATH

 State File No. **2281**

10-48

BIRTH JAN 6 - 1953		REG. DIST. NO. <b>232-231</b>		PRIMARY REG. DIST. NO. <b>4347</b>		Registrar's No. <b>1</b>	
1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Middletown</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Middletown</b>		170-3	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b>		b. (Middle) <b>E</b>		c. (Last) <b>Bean</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 2 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W USA</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept 4 1886</b>		9. AGE (In years last birthday) <b>66</b> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Middletown Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John W. Bean</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Harshberger</b>		14. NAME OF HUSBAND OR WIFE <b>Annie Taylor</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Annie Bean Middletown Mo</b>			
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) <b>Myocardial heart failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>anemia</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Dec. 15, 1952</b> <b>Jan. 2, 1953</b>	
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) <b>293X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>Dec 15</b> , 19 <b>52</b> , to <b>Jan 2</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Jan 2</b> , 19 <b>53</b> , and that death occurred at <b>9 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. R. Tuttle</b>		(Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Middletown, Mo.</b>		23c. DATE SIGNED <b>Jan 3, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-4-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount</b>		24d. LOCATION (City, town, or county) (State) <b>Middletown Mo</b>	
DATE REC'D BY LOCAL REG. <b>1/3/53</b>		REGISTRAR'S SIGNATURE <b>Zoe Chapman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. R. Hutchins</b>		ADDRESS <b>Middletown Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

66

JAN 9 1953

### 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 John W Butler

Licensed Embalmer No. 4477

P. O. Address Bowling Green 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.