

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11955**

Registrar's No. **1783**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital #2		e. STREET ADDRESS (If rural, give location) 17812 E. 10th	

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy	b. (Middle)	c. (Last) Bean	4. DATE OF DEATH (Month) (Day) (Year) 4 17 1954
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5. SEX F 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 21, 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid	10b. KIND OF BUSINESS OR INDUSTRY hotels	11. BIRTHPLACE (City and State or Foreign Country) Mapleton Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John Bean	13b. MOTHER'S MAIDEN NAME Daisy Vann	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 513-03-2828	17. INFORMANT'S SIGNATURE OR NAME Opal Matthews	ADDRESS 5204 Jackson Blk. Blountington Ill.
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to anesthesia for umbilical hernia containing incarcerated omentum & surgical release of the incarceration & herniorrhaphy with resultant cardiac arrest.	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES None	
	II. OTHER SIGNIFICANT CONDITIONS Pulmonary congestion & atelectasis, severe. Pseudo membranous colitis of transverse colon.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Herniorrhaphy, Thoracotomy and cardiac massage.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **4-9-54**, 19**54**, to **4-17-54**, 19**54**, that I last saw the deceased alive on **4-17-54**, 19**54**, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 4-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-22-54	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. April 20, 1954	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Adkins Funeral Home	ADDRESS 2000 E. 12th
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED MAY 6 1954

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.....
Signature of Student Embalmer

Signed.....
C. Kenneth Hayward

Licensed Embalmer No. *143*

P. O. Address *J. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.