

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33547

State File No.

0380
1

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Gentry Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Gentry Co. Mo.</u> COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Jackson Township</u>		c. LENGTH OF STAY (In this place) <u>All life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home.</u>		e. STREET ADDRESS (If rural, give location) <u>0280</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Bean</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11.4.1954.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9.7.1915.</u>
9. AGE (In years last birthday) <u>39</u>		10. UNDER 1 YEAR (Months) <u>1</u>	11. UNDER 1 HR. (Hours) <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (State or foreign country) <u>King City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George F. Bean</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Jacoby</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George F. Bean.</u> ADDRESS <u>King City Mo. R.R.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>174X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>10-15</u> , 19 <u>54</u> , to <u>11.4.1954</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>54</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W.D.</u>		23b. ADDRESS <u>King City Co.</u>	
23c. DATE SIGNED <u>11.5.54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11.6.54.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	
24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.B. Jagger</u> ADDRESS <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-5-54</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

R. B. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.