

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5591

State File No.

FILED MAR 7 1955

BIRTH NO. 9200-55 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 3-55

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lussumma</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0510</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONNIE</u> b. (Middle) <u>DALE</u> c. (Last) <u>BEANLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 24, 1955</u>
9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>2</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lussumma, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Howard D. Beanland</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Umstadt</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Howard D. Beanland</u>		ADDRESS <u>Warrensburg</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>Respiratory failure</u> ANTECEDENT CAUSES <u>Prematurity</u> Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		7735	
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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/24/1955</u> , to <u>2/26/1955</u> , that I last saw the deceased alive on <u>2/26/1955</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. E. Humphrey, D.D.</u>		23b. ADDRESS <u>Lussumma, Mo.</u>	
23c. DATE SIGNED <u>3-2-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>391 Cedar</u>		24d. LOCATION (City, town, or county) (State) <u>Lussumma Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March - 2 - 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Phillips</u>		ADDRESS <u>Lussumma</u>	

(Licensed Embalmer's Statement on Reverse Side)

1955
MAR 4 1955

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. _____

P. O. Address _____

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.