

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15898

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5654</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Lawrence</b>		b. CITY (If outside corporate limits, write RURAL and give OR OR TOWN) <b>Miller Mo. Lincoln</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Lawrence</b>	
c. LENGTH OF STAY (in this place) <b>native</b>		c. CITY OR TOWN <b>Miller Mo.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>				STREET ADDRESS (If rural, give location) <b>R.F.D. Lincoln</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Viola A.</b>		b. (Middle) <b>Bean</b>		c. (Last)	
4. DATE OF DEATH <b>May 16 1955</b>		4. DATE (Month) (Day) (Year)					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 2 1878</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>14</b>		IF UNDER 24 HRS. Hours <b>14</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Ebenezer Phillips</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Breeden</b>		14. NAME OF HUSBAND <del>at death</del> <b>Charlie Bean</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Bean Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Alcohol poisoning</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Accident</b>					
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. <b>Coronary artery disease</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>disease</b>		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)			
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>5/8, 1955</b> , to <b>5/16, 1955</b> , that I last saw the deceased alive on <b>5/16, 1955</b> , and that death occurred at <b>9:45 AM</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>R. J. Travis</b> (Degree or title)				23b. ADDRESS <b>Miller Mo.</b>		23c. DATE SIGNED <b>5/17/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-18-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>So. of Miller Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-17-55</b>		REGISTRAR'S SIGNATURE <b>W. O. B. Birtney</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Monroe - Simon Miller Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.4850  
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. R. Seaman* .....

Licensed Embalmer No. 329

P. O. Address *Miller* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.