

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4558

24-70

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

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 18

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cranton</u> | | c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>7 days</u> | | e. STREET ADDRESS (If rural, give location) <u>Near Caledonia 1101</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys of Cranton Hosp.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Stephen</u> c. (Last) <u>Bean</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1956</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 7 1886</u> |
| 9. AGE (In years last birthday) <u>70</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 11. YEARS <u>1</u> MONTHS <u>3</u> DAYS <u>3</u> | 13a. FATHER'S NAME <u>Lewis Bean</u> | 13b. MOTHER'S MAIDEN NAME <u>Emily E. Crosswell</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma Bean</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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Emma Bean Crondale Mo.</u> ADDRESS _____ | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>acute hypertension</u> 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 <u>331X</u> | |
| 19c. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | | | |
| 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) _____ | |
| 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>2-4-56</u> , 19 <u>56</u> , to <u>2-10-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-10-56</u> , 19 <u>56</u> , and that death occurred at <u>3:05 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>P. E. Jarland, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Cranton, Mo.</u> | |
| 23c. DATE SIGNED <u>2/15/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-13-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Souls Chapel Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>2-17-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks Peteci Mo.</u> ADDRESS _____ | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Murphy Sparks*

Licensed Embalmer No. *4256*

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