

No. 300
10-48

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35143

State File No.

BIRTH NO. 47734-56 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 37

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY OR TOWN <u>Wentzville MO</u>	c. LENGTH OF STAY (in this place) <u>3 Mo</u>	c. CITY OR TOWN <u>Wentzville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0970</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Bean</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 19-1956</u>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</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 (City and State or Foreign Country) <u>St Charles MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Ernest Bean</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille Rothermich</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Bean</u> ADDRESS <u>Wentzville MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyanotic Congenital Heart Disease (Eisenmenger's Complex)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) <u>754.2</u>
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 19 July 1956, to 31 Oct 1956, that I last saw the deceased alive on 31 Oct 1956, and that death occurred at 12 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rene J DuMontier M.D.</u> (Degree or title)	23b. ADDRESS <u>O Fallon MO.</u>	23c. DATE SIGNED <u>3 Nov 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-3-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Josephs</u>
24d. LOCATION (City, town, or county) (State) <u>St Josephs MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T.C. Pittman</u> ADDRESS <u>Funeral Home Wentzville MO</u>	
DATE REC'D BY LOCAL REG. <u>11/8/56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 *Amelia M. Lorian*

Licensed Embalmer No. *305*

P. O. Address *Westfield*

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.