

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH37497
State File No. 5

FILED DEC 10 1956

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5376</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRAN RIVER TWP 26</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL GRAN RIVER</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH of CAMERON</u>				e. STREET ADDRESS (If rural, give location) <u>North of CAMERON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>BEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30. 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 25. 1913.</u>	
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>House-keeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>B.F. Nogle</u>		13b. MOTHER'S MAIDEN NAME <u>Mauida Schieder</u>		14. NAME OF HUSBAND OR WIFE <u>Donald L. Bean</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>487-05-1322</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald L. Bean</u> ADDRESS <u>Cameron 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging self</u> INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT.</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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NORTH CAMERON DeKalb MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-30-56 10:00</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>JOHN BEAN. CORONER - 3</u>		23b. ADDRESS <u>Mayville, MO.</u>		23c. DATE SIGNED <u>12-1-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 4. 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph MO</u>	
DATE REC'D BY LOCAL REG. <u>12-3-56</u>		REGISTRAR'S SIGNATURE <u>Marvin Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>De Moss</u>		ADDRESS <u>BRUNK, CAMERON MO</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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 253

P. O. Address. Cameroon

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.