

FILED FEB 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004678
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 42

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New Bloomfield</u> <u>pl 48</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Hosp</u>		Length of stay in lb <u>25 Days</u>	d. STREET ADDRESS (If outside, give location) <u>1st N. Hwy 54</u>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle _____ Last <u>Bean</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>15</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9c. AGE (In years last birthday) <u>77</u>
10a. FATHER'S NAME <u>Mark Bean</u>		10b. MOTHER'S MAIDEN NAME <u>Nannie Foster</u>	10c. NAME OF HUSBAND OR WIFE <u>Never married</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12. SOCIAL SECURITY NO. <u>NO</u>	13. INFORMANT <u>Mac huallen Strickland</u> Address <u>Fulton, Mo</u>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>multiple myeloma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>± 1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerosis; years</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>11/2/58</u> to <u>2/15/58</u> and last saw <u>him</u> alive on <u>2/15/58</u> Death occurred at <u>9:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Henry D. Smith, M.D.</u>		22b. ADDRESS <u>Fulton, Mo.</u>	22c. DATE SIGNED <u>2/18/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Bloomfield Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Bloomfield Mo</u>
24. FUNERAL DIRECTOR <u>Chas. J. ...</u>	ADDRESS <u>New Bloomfield</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 21-1958</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related.

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 *L. Roy Claypool*

Licensed Embalmer No. *4412*

P. O. Address *New Bloomfield*

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.