

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009461
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 193

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) (No Street Address)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Viola Middle Alderson Last Bean			4. DATE OF DEATH Month Mar. Day 27 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/12/69	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Illinois /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Caleb Filer		13b. MOTHER'S MAIDEN NAME Celia (Unknown)		14. NAME OF HUSBAND OR WIFE Chas. Bean (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, type or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Ethel Jenkins King City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Myocarditis DUE TO (c) 590X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days
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.) 2		
20c. TIME OF INJURY Hour 8:00 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 King City STATE Mo.	
21. I attended the deceased from 2-13-58 to 3-27-58 and last saw her alive on 3-27-58 Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Blackblack, M. D. (Degree or title)			22b. ADDRESS King City, Mo.		22c. DATE SIGNED 3-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/30/58	23c. NAME OF CEMETERY OR CREMATORY King City Cem.		23d. LOCATION (City, town, or county) (State) King City Mo.
24. FUNERAL DIRECTOR Taggart-Woodrel		ADDRESS King City, Mo.		25. DATE RECD. BY LOCAL REG. 3-30-58	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only signature not related.
All diseases in Part I must be causally related.

542
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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 Harold E. Woodruff

Licensed Embalmer No. 4609
P. O. Address King City, N.C.

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.