

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022232
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb all life	0495 STREET ADDRESS Elk Club.
3. NAME OF DECEASED (Type or print) First Middle Last Everett Bean.		4. DATE OF DEATH Month Day Year July 5, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb 23, 1910
9. AGE (In years last birthday) 48		9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant.		10b. KIND OF BUSINESS OR INDUSTRY Accounting	11. BIRTHPLACE (City and state or country) Sarcoxic, Mo
13a. FATHER'S NAME Harry Bean		13b. MOTHER'S MAIDEN NAME Stella Mc Gonagle	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT Ethel M. Klingman 1630 W. 4 Joplin, Mo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) No None		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis with decompensation			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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 May 25, 1957 to July 5, 1958 and last saw him alive on July 4, 1958 Death occurred at 1:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE I, Lloyd B. McPike, M.D.		22b. ADDRESS 607 F-R-1 Bldg. Joplin, Missouri	22c. DATE SIGNED 7-7-1958
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE July 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Sarcoxic Cem	23d. LOCATION (City, town, or county) (State) Sarcoxic Mo
24. FUNERAL DIRECTOR Thornhill - Dillon Mortuary		25. DATE RECD. BY LOCAL REG. 7-11-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

See reverse of form for instructions to medical certifier. No symptoms with H.D.

FEB 26 1959

JUL 27 1958

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 *R. D. Hornhill*

Licensed Embalmer No. 3590

P. O. Address *John M.*

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.