

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029366
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5572 Registrar's No. 174
FILED AUG 27 1958

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Prairie</u>		c. CITY OR TOWN <u>Indep. Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Jackson Co. Hosp.</u>		d. STREET ADDRESS <u>713 N. Willis</u>	
OR TOWN <u>Rural Prairie</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		7005 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <u>4 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Lewis Serdine Bean</u>			4. DATE OF DEATH <u>Aug 21-1958</u>			
First	Middle	Last	Month	Day	Year	

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 24-1871</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lincoln, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Emaline Burk</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>509-12-8265A</u>	17. INFORMANT Address <u>Hospital Records</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>arteriosclerosis</u>		
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.)
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20c. TIME OF INJURY Hour _____ 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 <u>Jackson Co Hosp, Indep Mo</u>	COUNTY	STATE
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21. I attended the deceased from <u>8-17-58</u> to <u>8-21-58</u> and last saw him alive on <u>8-20-58</u> Death occurred at <u>5:30</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Paul Wornon md</u>	(Degree or title)	22b. ADDRESS <u>Jackson Co Hosp, Indep Mo</u>	22c. DATE SIGNED <u>8/21/58</u>
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23a. BURIAL CREMATION OR OTHER DISPOSAL <u>Burial</u>	23b. DATE <u>Aug. 23, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas.</u>
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24. FUNERAL DIRECTOR <u>Otto Mitchell</u>	ADDRESS <u>Indep Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-22-58</u>	26. REGISTRAR'S SIGNATURE <u>DB Longfellow</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Henry H. Mitchell*

Licensed Embalmer No. 3925

P. O. Address Andap M. Or.

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.