

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037511

STATE FILE NUMBER

FILED OCT 22 1958

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 35

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1-57

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| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Appleton City</u> <u>0930</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>Residence</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>Verona</u> Middle <u>H.</u> Last <u>Bean</u> | | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>12</u> Year <u>1958</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July-17-1892</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and state or country) <u>Pittsburg, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Georhart G. Van Hall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Lehmann</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jack Bean</u> | | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Pauline M. Lind</u> Address <u>2519 Laura St. Wichita, Kansas</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>Suicide</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hanging from Robbery</u> | | |
| DUE TO (c) <u>974X</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"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Suspended with Rope around neck</u> |
| 20c. TIME OF INJURY Hour <u>10:15</u> a.m. <u>15</u> Month, Day, Year p.m. <u>15</u> | <u>Found By neighbors No Signs of Violence</u> |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u> | 20f. CITY, TOWN, OR LOCATION <u>Appleton City</u> | COUNTY <u>St. Clair</u> | STATE <u>Mo</u> |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE (Degree or title) <u>Jessie B. Goodrich-Carson</u> | 22b. ADDRESS <u>Osceola Mo</u> | 22c. DATE SIGNED <u>10/13/58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Oct. 15-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Appleton City</u> | (State) <u>Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Melom L. Janssens</u> | ADDRESS <u>Appleton City</u> | 25. DATE RECD. BY LOCAL REG. <u>Oct. 14, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Chas. Abney</u> |
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(Licensed Emballer'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.

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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 *Melvin L. Jansen*

Licensed Embalmer No. *4529*

P. O. Address *Appleton City*

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.