

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

 Re **FILED** on **MAR 30 1962** Primary Registration District No. _____ Registrar's No. **27**
VS 300
Rev. 4/59

10830

20397

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Parkville		c. CITY OR TOWN Springfield	
Length of stay in lb 12 da		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD.6		d. STREET ADDRESS (If outside, give location) 3115 W. Lynn St	
Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Annie Middle — Last Bean		4. DATE OF DEATH Month Mar. Day 22 Year 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12/26/85
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY household	
11. BIRTHPLACE (City and state or country) Polk Co. Mo		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Sylvester Drake		13b. MOTHER'S MAIDEN NAME Lecora Wilson	
14. NAME OF HUSBAND OR WIFE Wm B. Bean		Address R6-8461A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-09-5297	
17. INFORMANT Lora Keuffman		Address Parkville 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) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Angina Pectoris DUE TO (b) Angina Pectoris DUE TO (c) Aortic Insufficiency 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 5 min 2 yrs 10 yrs	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 21 March 1962 to 22 March 1962 and last saw her alive on 22 March 1962 Death occurred at 5:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W H Barnes DO		22b. ADDRESS 2014 Sunset NKC Mo	
22c. DATE SIGNED 22 MAR 1962			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 22-62	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) Ballwin Mo	
24. FUNERAL DIRECTOR Ralph Thieme		25. DATE RECD. BY LOCAL REG. Mar. 22, 1962	
26. REGISTRAR'S SIGNATURE Ralph Thieme			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo.

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.