

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022553

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 963

FILED JUN 25 1962

VS 300
Rev. 4/59

1 0297
2 0397
3
4 0
5 1
6
7 1
8 1
9491X
10
11
12 5-0
13

DATE AMENDED

8/6/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Male & Selma Unknown

DOCUMENT

SHOULD READ

Female & Selma Green

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 30 years	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) Springfield Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 806 McCann
3. NAME OF DECEASED (Type or print) PEARL S. BEIN		4. DATE OF DEATH June 19, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH December 14, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	9. AGE (last birthday) 71
13a. FATHER'S NAME Frank Straub		13b. MOTHER'S MAIDEN NAME Selma Unknown Green	11. BIRTHPLACE (City and state or country) Randolph, Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		17. INFORMANT Francis L. Bein	
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 bacterial meningitis		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Chronic rheumatoid arthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		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 Springfield, Mo	
21. I attended the deceased from 31 May 1962 to 19 June 1962 and last saw him alive on 19 June 1962		22c. DATE SIGNED 20 June 1962	
22a. SIGNATURE Francis M. Mayle MD		22b. ADDRESS Springfield, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal or Burial 6-22-62		23c. NAME OF CEMETERY OR CREMATION Rose Hill Mausoleum	
23b. DATE 6-22-62		23d. LOCATION (City, town, or county) Walsa Oklahoma	
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 6-22-62	
ADDRESS Springfield, Missouri		26. REGISTRAR'S SIGNATURE Effie G. Meltzer	

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 Lewis G. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.