

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033416

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6181 Registrar's No. 63

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1050
2 0010
3
4 0
5 1
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7 0
8 2
9 X
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11 105
12 91-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 28 1962

1. PLACE OF DEATH
a. COUNTY Sullivan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Penn Twp. Length of stay in 1b Minutes

c. CITY OR TOWN Novinger Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 mi. W. Green Castle on Mo. Highway 6 Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) No street address Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Leslie Earl Bean

4. DATE OF DEATH August 18 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/28/1907 9. AGE (last birthday) 54

IF UNDER 1 YEAR Months Days IF UNDER 24-HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner 10b. KIND OF BUSINESS OR INDUSTRY Coal mine 11. BIRTHPLACE (City and state or country) Bullion Twp., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Ernest H. Bean 13b. MOTHER'S MAIDEN NAME Alice J. Jones 14. NAME OF HUSBAND OR WIFE Ileen Collins Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II 16. SOCIAL SECURITY NO. Don't know 17. INFORMANT Address Howard Bean, Kirksville, 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) cerebral stenohyper minutes -
DUE TO (b) crushed skull
DUE TO (c) car accident

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. Unknown

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.) walked on fell auto car

20c. TIME OF INJURY Hour 11:55 a.m. Month, Day, Year 8-18-62

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.) mostly 6 1/2 mi. W Green Castle 20f. CITY, TOWN, OR LOCATION COUNTY STATE Green Castle Sullivan Mo.

21. I attended the deceased from 11:58 P.M. to and last saw her alive on Death occurred at 11:58 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. D. Simpson (Degree or title) 22b. ADDRESS milon 22c. DATE SIGNED 8-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/21/1962 23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery 23d. LOCATION (City, town, or country) Novinger, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Dec Riley Funeral Home, Kirksville Mo 8-22-62 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mrs. M.W. Beckett

AUG 29 1962

AUG 30 1962

APR 30 1963

JUN 12 1963

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.