

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26161

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2306 Francis St.</u> <u>0</u>	

3. NAME OF DECEASED
(Type or Print) a. (First) Malcolm b. (Middle) Carlise c. (Last) Bean 4. DATE OF DEATH (Month) (Day) (Year) August 16, 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH December 19, 1854 9. AGE (In years last birthday) 96 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. watchmaker 10b. KIND OF BUSINESS OR INDUSTRY Jewelry Co. 11. BIRTHPLACE (State or foreign country) Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dr. Jonathan N. Bean 13b. MOTHER'S MAIDEN NAME Abigail White 14. NAME OF HUSBAND OR WIFE Electa D. Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Electa D. Bean ADDRESS 2306 Francis, St. Joseph, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic INTERVAL BETWEEN ONSET AND DEATH 36 hrs

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) State of shock

DUE TO (c) Fracture of left hip 4 do.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION E 9000 20. AUTOPSY? 21 YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 12, 1951 12:30P NOON 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell down basement stairs

22. I hereby certify that I attended the deceased from 8/12, 1951, to 8/16, 1951, that I last saw the deceased alive on 8/15, 1951, and that death occurred at 2:30A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Doc Trimble D.O. 23b. ADDRESS 203 Kirkpatrick Bldg. St. Joseph 23c. DATE SIGNED 8-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8/17/1951 24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery 24d. LOCATION (City, town, or county) (State) Marville, Missouri

DATE REC'D BY LOCAL REG. Aug. 18, 1951 REGISTRAR'S SIGNATURE Carl C. Cash 25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman ADDRESS Funeral Home - St. Joseph

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *William Spalding* _____

Licensed Embalmer No. *4535* _____

P. O. Address *319 S. 10th St. Joseph, 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 this body is not embalmed, fact should be so stated above.