S. No. 300
v. 10.48

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

FILED DEC 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38527

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5089

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WHEATLEY-PROVIDENT HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 2315 FOREST

34 16 U

3. NAME OF DECEASED (Type or Print)
a. (First): DOC
b. (Middle):
c. (Last): BEAN

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 16, 1952

5. SEX: M — MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 29, 1874
9. AGE (In years last birthday): 78
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: IN APARTMENT BLDG.
11. BIRTHPLACE (City and State or Foreign Country): FT. GIBSON, OKLA.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ANDERSON BEAN
13b. MOTHER'S MAIDEN NAME: SARAH JOHNSON
14. NAME OF HUSBAND OR WIFE: MARY LUE GREEN Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Charlotte Thomas
ADDRESS: K.C. Mo.

MEDICAL CERTIFICATION

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal, obstruction, partial, jejunum - cause unknown. — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterscleratic cardiac disease with extracylstoles; myocardial degeneration. — 5 yrs
DUE TO (c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS Carcinoma, right inguinal region, not proven.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 11-5-52, 19___, *to* 11-16-52, 19___, *that I last saw the deceased alive on* 11-16-52, 19___, *and that death occurred at* 5:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Irving A. Wien (Degree or title): M.D.
23b. ADDRESS: Kansas City, Mo. 321 Argyle Building
23c. DATE SIGNED: 11-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: NOV. 21, 1952
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Muskogee, Oklahoma

DATE REC'D BY LOCAL REG.: 11-21-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Fannie L. Meek
ADDRESS: 1708 E. 18th St. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

No 5760

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas 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 this body is not embalmed, fact should be so stated above.