

THE DIVISION OF HEALTH OF MISSOURI  
 FILED AUG 20 1953 STANDARD CERTIFICATE OF DEATH

30865

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4534 Registrar's No. 8

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>EMMETT</u>	c. (Last) <u>BEAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 20 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic retired</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Desloge, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis L. Bean</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Day</u>	14. NAME OF HUSBAND OR WIFE <u>Edythe L. Bean</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>WW I</u>	16. SOCIAL SECURITY NO. <u>WW I</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edythe L. Bean, Caledonia Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caledonia Washington, MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Gibson D. O. Coronar</u>	23b. ADDRESS <u>Pataskia, Mo.</u>	23c. DATE SIGNED <u>8-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-15-53</u>	REGISTRAR'S SIGNATURE <u>Ella D. White</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48

100  
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 26 1964

RECEIVED  
AUG 1 1963  
WASH. COUNTY HEALTH DEPT.  
EPI. BLDG. 3-564

AUG 27 1963  
AUG 31 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 .....  
Student Embalmer

Signed Russel J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Va.

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.