

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

187

FILED JAN 10 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 3

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City - Rural</u> <u>0380</u> | |
| c. LENGTH OF STAY (In this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hosp. (Missouri)</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl Anna Louise</u> b. (Middle) <u>Bean</u> c. (Last) <u>Bean</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1.2.1955.</u> | | |
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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4.28.1891</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> | | 11. BIRTHPLACE (State or foreign country) <u>Gentry Co Mo.</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>August Jacoby</u> | 13b. MOTHER'S MAIDEN NAME <u>May Kaiser</u> | 14. NAME OF HUSBAND OR WIFE <u>George F. Bean</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George F. Bean, King City 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumogenic Carcinoma, Left Lung</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>162X</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>King City Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 12-29, 1954, to 1/2, 1955, that I last saw the deceased alive on 1/2, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

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|---|---------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. D. Coyle M.D.</u> | 23b. ADDRESS <u>St. Joseph Mo.</u> | 23c. DATE SIGNED <u>1-3-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1.4.1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>King City</u> | 24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan. 3, 1955</u> | REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. S. Pappert King City Mo.</u> |
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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 *R. A. Jaggart* - _____

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.