

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40260

State File No. _____
REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 2000 Registrar's No. 1169

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If rural, give name of rural community and name of town) <u>Rural North Campbell</u> OR <u>Springfield</u> | | c. CITY <u>RURAL, N. CAMPBELL</u> OR <u>Springfield</u> | |
| c. LENGTH OF STAY (in this place) <u>25 years</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3115 W. Lynn Street Road</u> | | e. STREET ADDRESS (If rural, give location) <u>3115 W. Lynn Street Road</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WILLIAM</u> | b. (Middle) <u>SANFORD</u> | c. (Last) <u>BEAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 28, 1955</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>17 Feb. 1889</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 4 HRS. Days _____ | IF UNDER 15 MIN. Hours _____ | Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Bean</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Farmer</u> | 14. NAME OF HUSBAND OR WIFE <u>Annie 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>500-09-5297</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Annie Bean</u> | ADDRESS <u>3115 W. Lynn St. Road, Springfield, Missouri.</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 <u>30 min</u> |
| | 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) <u>arteriosclerotic heart disease 10 yrs</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u> | | | |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 6-6 1949, to 12-28 1955, that I last saw the deceased alive on 12-28, 1955 and that death occurred at 3:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Paul O. Morton</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Springfield Mo</u> | 23c. DATE SIGNED <u>12-29-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>31 DEC 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u> | 24d. LOCATION (City, town, or county) (State) <u>BOLIVER, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>12-30-55</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank C. Thomas</u> | ADDRESS <u>Springfield, Missouri</u> |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 11 1956

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 *Ralph H. Thorne*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.....

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.