

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028847

EILED VS AUG 17 1959 / 37

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 203

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Urich		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3/4 mi West of City		d. STREET ADDRESS (If outside, give location) 323 Olive	

3. NAME OF DECEASED (Type or print) First Virgil Middle Roy Last Bean			4. DATE OF DEATH Month Aug Day 8 Year 1959			
5. SEX M	6. COLOR OF RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr-26-1887	9. AGE (last birthday) 20	10. UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Johnson City, Mo.		
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Sylvester Bean		13b. MOTHER'S MAIDEN NAME Martha Harmon		
14. NAME OF HUSBAND OR WIFE -		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. 490-42-0799		
17. INFORMANT Sylvester Bean, Appleton City		Address RR #1		Interval between onset and death		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **fracture of cervical vertebrae** **Instant**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Automobile accident**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Drone car into tree at high rate of speed	
20c. TIME OF INJURY Hour 12:45 a.m. Month, Day, Year 8-8-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 mile west of Urich, Mo.	20f. CITY, TOWN, OR LOCATION Urich, Henry Mo.
21. I attended the deceased from no attendant to _____ and last saw her/him alive on 8-8-59 Death occurred at 12:45 am on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) W. Bradshaw, MD (Henry Co. Coroner)		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 8-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 10 - 1959	23c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery	23d. LOCATION (City, town, or county) (State) 10 mi S.E. Appleton City, Mo.	
24. FUNERAL DIRECTOR Melvin L. Janssens, Appleton City		25. DATE RECD. BY LOCAL REG. Aug. 10, 1959	26. REGISTRAR'S SIGNATURE Mildred Bigum	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 18 1959

1959

SEP 1

NEW

AND

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MAR 11 1960

MAY 8 1960

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address Appleton E

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.

Melvin L. Janssens