

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014812

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

310

3058

105

STATE FILE NUMBER

AMENDED

Registration District No. 310

Primary Registration District No.

Registrar's No.

FILED MAY 9 1961

1. PLACE OF DEATH a. COUNTY Saint Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		Length of stay in 1b	c. CITY OR TOWN Rural-St. Charles twsp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 159		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Meryle Middle Mildred Last Bean			4. DATE OF DEATH Month April Day 28 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1920	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months 7 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and state or country) Patterson, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Roy Kinnison		13b. MOTHER'S MAIDEN NAME Ella Harvey		14. NAME OF HUSBAND OR WIFE William Bean	
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. None	17. INFORMANT Address Wm. Bean, St. Peters, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis					INTERVAL BETWEEN ONSET AND DEATH 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Cervix					9 mo.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from December 21, 1960 to April 28, 1961 and last saw her/him alive on April 28, 1961 Death occurred at 3:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ben L. Newkirk, M.D.			22b. ADDRESS 206 Washington, St Charles		22c. DATE SIGNED 4/29/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 29, 1961	23c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery		23d. LOCATION (City, town, or county) (State) Patterson, Mo.	
24. FUNERAL DIRECTOR ADDRESS Gish Funeral Home, Piedmont, Mo.		25. DATE RECD. BY LOCAL REG. May 1 - 61	26. REGISTRAR'S SIGNATURE Marcella Wilson		

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

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

Ernest R. Amalson

Licensed Embalmer No. 48307

P. O. Address St Charles,

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.