

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22486

Do not use this space.

JUL 18 1939

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449  
 (b) Township Lubranon Primary Registration District No. 4267  
 (c) City Lubranon (d) Street No. Lewis & Wallace Hospital Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richie Bevier

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Richie Bevier  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1871  
 7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min. 67 9 29  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auditor  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/39 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1939, to 6/29, 1939  
 I last saw him alive on 6/29, 1939. Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 100

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Summer M. D.  
 (Address) Lubranon Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breakfield Mo  
 13. NAME Mathusla Bevier  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. state  
 15. MAIDEN NAME Fannie Hicks  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Ill  
 17. INFORMANT (ADDRESS) Mrs. Hazel Engel  
Bloodland Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Breakfield Mo DATE 7/1/39 1939  
 19. FUNERAL DIRECTOR (NAME) W. E. Halman  
 (ADDRESS) Lubranon Mo  
 20. FILED 630 1939 J. A. McComb  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 7,

District File Number 7-39-105 B

Date Filed 7-14-39

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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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Carl W. Hause

Licensed Embalmer No. 3955

P. O. Address Lebanon Mo

**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, above space should be left blank.