

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8985

State File No.

0587

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>145</u>			
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u>					
b. CITY OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>		c. CITY OR TOWN <u>NEW CAMBRIA 0610</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROOKFIELD HOSPT.</u>				d. STREET ADDRESS (If rural, give location) <u>No. 1</u>					
3. NAME OF DECEASED (Type or Print) <u>Annie</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>BEVAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 10 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>SEPT 25, 1868</u>			
9. AGE (in years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u>		IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>CLIFTON WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W.R. EVANS</u>			13b. MOTHER'S MAIDEN NAME <u>JANE DAVIS</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN BEVAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bevan</u> ADDRESS <u>St Louis Mo.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES <u>bed sores</u> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>multifocal arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>multifocal arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 weeks</u> <u>25 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>725X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>2/25</u> , 19 <u>52</u> to <u>3/10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/10</u> , 19 <u>52</u> and that death occurred at <u>10:30 PM</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>W.B. Simpson M.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>3/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW CAMBRIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEW CAMBRIA MO.</u>			
DATE REC'D BY LOCAL REG. <u>3-12-1952</u>		REGISTRAR'S SIGNATURE <u>Walter Brown</u> 167-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.J. Gilleland</u> ADDRESS <u>New Cambria Mo.</u>					

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 Howard J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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, fact should be so stated above.