

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10548

State File No. ....

FILED APR 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5741 Registrar's No. 124

0610  
2310

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Russell Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Cambria, "Rural"</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.W. of New Cambria</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evan</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Bevan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1953</u>	
---	--	--	---	--

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>Oct. 17, 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR OR Days <u>5</u>	IF UNDER 1 HRS. Hours <u>15</u>
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Macon County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Evan Henry Bevan</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lloyd</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Yocum Bevan</u>
--	---	--

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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Bevan, New Cambria, Mo.</u>	ADDRESS <u>-----</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hanging</u> DUE TO (c) <u>Temporary Insanity</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E974X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Russell Twp., Macon, Missouri</u>
---	--	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lester Sutton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Macon Mo.</u>	23c. DATE SIGNED <u>April 2, 1953</u>
--	-------------------------------	---------------------------------------

24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>Apr. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria</u>	24d. LOCATION (City, town, or county) (State) <u>New Cambria, Mo.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-8-53</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Hilliard</u> ADDRESS <u>New Cambria Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4. 11. 53  
Date Filed 4. 11. 53

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 F. P. 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.