

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. **29569**

FILED AUG 31 1956

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6/39** Registrar's No. **52**

1022
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Blackeye K. Twp.		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant Hill Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 9 mi East of Bethel, Mo.	

3. NAME OF DECEASED a. (First) Harriet b. (Middle) Lee c. (Last) Bevill			4. DATE OF DEATH (Month) (Day) (Year) Aug 14 1956		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 6 - 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR: Months 11 Days 8 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Shelby Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis Poor		13b. MOTHER'S MAIDEN NAME Elizabeth Anderson		14. NAME OF HUSBAND OR WIFE Daniel J Bevill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Pauline Bell Shelbyville, Mo. ADDRESS _____	

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) Anterior Sclerosis (cerebral)		INTERVAL BETWEEN ONSET AND DEATH 17 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture L. Hip			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) 334XF	
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 **July 28, 1956**, to **Aug 14, 1956**, that I last saw the deceased alive on **Aug 13, 1956**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE P. C. Brewer M.D. (Degree or title)		23b. ADDRESS Shelbyville Mo		23c. DATE SIGNED 8-27-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 19-1956		24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) 9 mi East of Bethel, Mo.	
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DATE REC'D BY LOCAL REG. 8-28-56		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE W. Musgrave ADDRESS Bethel, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

1954

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 Self, Student Embalmer No. _____, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Musgrove

Licensed Embalmer No. 2719
P. O. Address Bethel, Me

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.