

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013168
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1605

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Trenton</u> <u>c 403</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4209 E. 41st St.</u>		Length of stay in lb <u>9 mos.</u>	d. STREET ADDRESS (If outside, give location) <u>510 W. 10th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Jay</u> Last <u>BEVAN</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>27</u> Year <u>1959</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>-</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u> IF UNDER 24 HRS. <u>-</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Drug Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	11. BIRTHPLACE (City and state or country) <u>GALT, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louis BEVAN</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>Clella BEVAN</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) <u>yes WW-1</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>Harry McDonald, Kansas City, Mo.</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerotic heart disease</u>		
	DUE TO (c) <u>Cor pulmonale, Emphysema</u> <u>4200</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.)		
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20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>			20d. INJURY OCCURRED WHILE AT <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 <u>-</u> STATE <u>-</u>		
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21. I attended the deceased from <u>1956</u> to <u>3-27-1959</u> and last saw her alive on <u>March 23, 1959</u> Death occurred at <u>1:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <u>Susan Eismann MD</u> (Degree or title)			22b. ADDRESS <u>751 E 6 3rd Street -</u>			22c. DATE SIGNED <u>3/29/59</u>		
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23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3/29/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>-</u>		23d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>			
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24. FUNERAL DIRECTOR <u>Slater Mortuary, Trenton, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>3-29-59</u>		26. REGISTRAR'S SIGNATURE <u>Bever Marshall</u>		
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gustave Eismann

300
1-57 1

FILED APR 20 1959

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 *John R. D. [Signature]*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.