

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028803

FILED VS AUG 24 1959

Registration District No. 132 Primary Registration District No. 30-21 Registrar's No. 145

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>GRUNDY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>TRENTON</u>		Length of stay in 1b		c. CITY OR TOWN <u>Spickard</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Route 4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lloyd</u> Middle <u>Dale</u> Last <u>Beverlin</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>14</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 28, 1927</u>	9. AGE (last birthday) <u>31</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>HARRISON Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LONNIE BEVERLIN</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH FISHER</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARET BEVERLIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>KOREAN WAR</u>		16. SOCIAL SECURITY NO. <u>491-90-8436</u>		17. INFORMANT <u>Lonnie Beverlin Spickard Mo</u> Address _____			
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 Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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	STATE
21. I attended the deceased from <u>Aug 14th 1959</u> to <u>Aug 14th 1959</u> and last saw her/him alive on <u>Aug 14th 1959</u> Death occurred at <u>11:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Oliver F. Duffly M.D.</u> (Degree or title)				22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>Aug 15th 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 16, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W.H.'s Chapel Cemetery</u>		23d. LOCATION (City, town, or county) <u>R.F.D. Brimsen Mo.</u>		(State) <u>1959</u>	
24. FUNERAL DIRECTOR <u>Garland Blackmon Trenton Mo</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>8/19/59</u>		26. REGISTRAR'S SIGNATURE <u>Irene Patti</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Crandall

Licensed Embalmer No. 4986

P. O. Address Sumter

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.