

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035743

FILED VS OCT 28 1959

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Clair</b>		Length of stay in 1b <b>15 yrs</b>	c. CITY OR TOWN <b>Saint Clair</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alonzo Russell Bever</b>			4. DATE OF DEATH Month Day Year <b>Oct. 23, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 7-02</b>
9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen'l Const</b>	11. BIRTHPLACE (City and state or country) <b>Yates Center, Ka</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Alonzo Bever</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Ogden</b>		14. NAME OF HUSBAND OR WIFE <b>Myrrl Bever</b>	
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. <b>464-10-6702</b>	17. INFORMANT Address <b>John Bever St. Clair, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE CORONARY THROMBOSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIO-SCLEROTIC C.V. DISEASE</b>			<b>4 RS</b>
DUE TO (c) <b>MALICIOUS HYPERTENSION</b>			<b>4 RS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PREVIOUS C.V.A. + CORONARY THROMBOSIS 1 YR AGO</b>			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 checked="" 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 <b>1957</b> to <b>DEATH</b> and last saw him/her alive on <b>10-1-59</b> Death occurred at <b>6:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John Bever MD</b> (Degree or title)		22b. ADDRESS <b>St. Clair, Mo.</b>	22c. DATE SIGNED <b>10-23-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-25-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Mound Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Clair, Mo.</b>
24. FUNERAL DIRECTOR <b>Casey-Lenox</b>		25. DATE RECD. BY LOCAL REG. <b>10-24-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 28 1959 SA

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 K. M. LENOX, JR., Student Embalmer No. 575

working under my personal supervision.

Student K. M. Lenox, Jr.  
Signature of Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.