

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

12611

Do not use this space.

FILED APR 8 1940

1. PLACE OF DEATH

(a) County Shelby Registration District No. 826
(b) Township Bethel Primary Registration District No. 6087 Registered No. _____
(c) City _____ (d) Street No. 2 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

140 Minnie Belle Beeill
(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold E. Beeill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Shelby Co. (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Edward Case

14. BIRTHPLACE (CITY OR TOWN) Shelby Co. (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Ellen Evans

16. BIRTHPLACE (CITY OR TOWN) Shelby Co. (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harold E. Beeill
Philadelphia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE April 1, 1940

19. FUNERAL DIRECTOR (NAME) C. W. Musgrove (ADDRESS) Bethel, Mo.

20. FILED Mar 31, 1940 Mrs. C. W. Musgrove Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1940, to March 30, 1940

I last saw her alive on March 30, 1940 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

pneumonia
following operation (exploratory)
Carcinoma of uterus &
Bands

Date of onset Mar.

Other contributory causes of importance:

Name of operation See above Date of Feb. 20
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Howard H. Dutton M.D.
(Address) Bethel Mo.

45
RECEIVED

District Health Officer No. 10

District File Number 4-40-743

Date Filed APR 4 1940

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Bevins

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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 126117

Registration District No. 826

Primary Registration District No. 6087

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Bethel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minnie Belle Bevil

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 26 If less than one year _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 7 _____ years.

MENTAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following operation Duration _____

Primary interu -

Due to Carcinoma of uterus

Due to Primary interu -

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 48

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harold H. Dutton, D.O.

Address Bethel Date signed 5/30/40

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

SUPPLEMENTARY

1940
S-12611