

FILED FEB 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5664  
35

BIRTH NO. REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4372 Registrar's No.

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Burlington Junction		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct	
c. LENGTH OF STAY (in this place) 46 yr		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Francis	c. (Last) Bevard	4. DATE OF DEATH (Month) (Day) (Year) Jan 29 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 19, 1861	9. AGE (In years last birthday) 87 If UNDER 1 YEAR: Months 10 Days 10 If UNDER 24 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Fullerton Co, Ohio /	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME George Bevard	13b. MOTHER'S MAIDEN NAME Sofia McBride	14. NAME OF HUSBAND OR WIFE Ida Bevard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Bevard	ADDRESS Burl Jct Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal - several years.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremic coma Chronic Nephritis - indeterminate number of years. DUE TO (c) General Arteriosclerosis - several years.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 51	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Jan. 1948, to Jan 29 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Wallace D.O.	23b. ADDRESS Burlington Jct. Mo.	23c. DATE SIGNED 1-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/31/49	24c. NAME OF CEMETERY OR CREMATORY Ohio	24d. LOCATION (City, town, or county) (State) Burlington Jct Mo
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DATE REC'D BY LOCAL REG. 1-10-49	REGISTRAR'S SIGNATURE Kess Halt 229	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Burl Jct Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7400

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. *2968*

P. O. Address *Burl. Jct 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 this body is not embalmed, fact should be so stated above.