

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUL 17 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23906

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>530 Polk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles North of Lebanon</u>			

3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>M.</u> c. (Last) <u>Bevwa</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 5 1871</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Rudolph Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>KATHARIN Deis</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Bevwa</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William H. Bevwa</u>
		ADDRESS <u>Lebanon, MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull &amp; Vertebral Column.</u>		ANTECEDENT CAUSES DUE TO (b) <u>auto accident</u>		<u>5-8 1/2</u> <u>2 1/2</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>—</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pluscumba road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 mi N. of Lebanon Laclede Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 7 1950 7 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard L. Palmer</u>	(Degree or title) <u>3. Crown</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>July 9 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>

DATE REC'D BY LOCAL REG. <u>7-10-1950</u>	REGISTRAR'S SIGNATURE <u>Hilla L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>	ADDRESS <u>Lebanon, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530  
3

Received JUL 15 1950  
Laclede County Health Unit  
File No. 7-30-115  
Date Filed JUL 15 1950

**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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon 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.