V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41958

FILED DEC 16 1953

BIRTH NO. ____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3 000 Registrar's No. 410

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 17 das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY:
c. CITY OR TOWN: Moravia
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): Moravia 8/40 8

3. NAME OF DECEASED (Type or Print)
a. (First): W.
b. (Middle): C
c. (Last): Bevins

4. DATE OF DEATH (Month) (Day) (Year): Dec. 10, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 12, 1874
9. AGE (In years last birthday): 79 — If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RetiredImplement Store
10b. KIND OF BUSINESS OR INDUSTRY: Implement Store
11. BIRTHPLACE (City and State or Foreign Country): Davis County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. C. Bevins
13b. MOTHER'S MAIDEN NAME: Esther Proctor
14. NAME OF HUSBAND OR WIFE: Della M. Boyd Bevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Della M. Bevins, Moravia, Iowa.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thyrotoxic heart disease — "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Benign Prostatic Hypertrophy — 6 yrs plus

19a. DATE OF OPERATION: 11-30-53
19b. MAJOR FINDINGS OF OPERATION: Prostatectomy by enucleation 6/2 X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-24-53, 19____, *to* 12-10-53, 19____, *that I last saw the deceased alive on* 12-10-53, 19____, *and that death occurred at* 7:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Laughlin Jr (Degree or title) D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 12-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: Morvia Iowa
24d. LOCATION (City, town, or county) (State): Moravia, Iowa.

DATE REC'D BY LOCAL REG.: 12-10-53
REGISTRAR'S SIGNATURE: Kate Lambert, 1-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1956

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.....
Signature of Student Embalmer

Signed Richard W. Bendall

Licensed Embalmer No. 4866

P. O. Address Kirksville, 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.