

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22328

State File No.

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mathews</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Bx 84</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bub</u> b. (Middle) _____ c. (Last) <u>BEVLY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Weir Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Ples Bevly</u>	13b. MOTHER'S MAIDEN NAME <u>Ciera Hephill</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Bevly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Bevly</u>	
		ADDRESS <u>Mathews, Mo. R.E. - Lemo</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Myeloma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>203X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-10-, 1954, to 7-18-, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 12.00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>	23b. ADDRESS <u>714 Broadway Cap Girardeau Mo.</u>	23c. DATE SIGNED <u>7-28-54</u>
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL</u>
	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>7-29-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Hud Co. New Madrid, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 9 19

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 *Tennys L. Roberts*

Licensed Embalmer No. *4886*

P. O. Address *New Mexico, 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.