

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29999**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Pulaski	
c. LENGTH OF STAY (in this place) 20 Days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) TOM	b. (Middle) ----	c. (Last) BEVELY	4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1954
--	-------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1871	9. AGE (In years) (last birthday) 82	10. UNDER 1 YEAR (Months) (Days)	11. UNDER 1 HRS. (Hours) (Min.)
--------------------	-------------------------------	--	--	---	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME Henry Bevely	13b. MOTHER'S MAIDEN NAME Mariah (Unknown)	14. NAME OF HUSBAND OR WIFE Bernice Bevely
---	--	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Mary Spencer	ADDRESS 1430 - 16th Ave. Oakland, California
---	--	--	--

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) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock - Hemorrhage - 2 hrs DUE TO (c) Prostate Hypertrophy - surgically removed 7, 1, 1954		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6/10 X			

19a. DATE OF OPERATION 9-24-54	19b. MAJOR FINDINGS OF OPERATION Benign Prostate Hypertrophy	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) Pulaski, Illinois
--	--	---

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 **9-13, 1954** to **10-3, 1954** that I last saw the deceased alive on **10-3, 1954** and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE W. A. Seabough	(Degree or title)	22b. ADDRESS 219 N Pacific Cape Girardeau	22c. DATE SIGNED 10-6-54
---	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/8/54	24c. NAME OF CEMETERY OR CREMATORY Henderson	24d. LOCATION (City, town, or township) (State) Pulaski, Illinois
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 10-6-54	REGISTRAR'S SIGNATURE W. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Edward A. Ruffin	ADDRESS Cairo, Illinois
--	---	---	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1951

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 *Edward A. Ruppel*

Illinois Licensed Embalmer No. 7246

P. O. Address Cairo, Illinois

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.