

XC-Unknown

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 333

RN-7992
FILED FEB 3 - 1955

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Butler <i>0129</i> b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff c. LENGTH OF STAY (In this place) 30 days d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell c. CITY OR TOWN West Plains d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) Route 1 <i>0461</i>	
3. NAME OF DECEASED a. (First) GEORGE (Type or Print) b. (Middle) L. c. (Last) BEVENS, JR.		4. DATE OF DEATH (Month) (Day) (Year) January 19, 1955	
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1902
9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Drug	11. BIRTHPLACE (City and State or Foreign Country) Batesville, Arkansas.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME GEORGE BEVENS, SR.		13b. MOTHER'S MAIDEN NAME LILLIAN CARPENTER	14. NAME OF HUSBAND OR WIFE LUCILLE BEVENS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Coronary arteriosclerosis			
DUE TO (c)			
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 checked="" type="checkbox"/> NO <input 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 Dec. 20, 1954 , to Jan. 19, 1955 , and that death occurred at 6:28a m. , from the causes and on the date stated above.			
23a. SIGNATURE Ernest M. Tapp (Degree or title) M.D. Chief, Prof. Ser.		23b. ADDRESS VA Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 1-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-25-55	24c. NAME OF CEMETERY OR CREMATORY Arlington	24d. LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 1/25/55	REGISTRAR'S SIGNATURE R. A. Mueller	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff, Mo.	

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

RECEIVED

JAN 31 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

FEB 24 1955

FEB 15 1955

MAR 8 1955

MAR 17 1955

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 1-19-55, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Phil A. Leuchter

Licensed Embalmer No. 295

P. O. Address Aspland

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.