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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022234
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY MONROE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JEFFERSON TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) STOUTSVILLE — Length of stay in Hospital 17 YRS
d. STREET ADDRESS (If outside, give location) JEFFERSON TOWN SHIP — Reside on Farm Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MONROE
c. CITY OR TOWN STOUTSVILLE — Inside Limits Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDWARD Middle Last BEVELL

4. DATE OF DEATH Month JUNE Day 26th Year 1959

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARITAL STATUS: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH FEBRUARY 14.1896

9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR: Months 4 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ADAMS COUNTY ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS PEARL BEVELL
13b. MOTHER'S MAIDEN NAME EMMA FRANCES SHIRLEY
14. NAME OF HUSBAND OR WIFE MARY B BEVELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY NO. 498-40-1249
17. INFORMANT Mrs MARY B BEVELL. Address STOUTSVILLE, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) coronary thrombosis - acute — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cardiac condition
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-26-59 to 6-26-59 and last saw him alive on 8 55 9.M.
Death occurred at 6-26-59 9.05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nellie S. Christmann (Degree or title) MD
22b. ADDRESS Paris, MO
22c. DATE SIGNED 6-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-28-59
23c. NAME OF CEMETERY OR CREMATORY StAndrews CEMETERY
23d. LOCATION (City, town, or county) (State) STOUTSVILLE MISSOURI.

24. FUNERAL DIRECTOR Wilson & Sons. ADDRESS MONROE CITY, MO
25. DATE RECD. BY LOCAL REG. June 27-1959
26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUL 8 1959

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memorial Cty Co

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.