

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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SL 232961003

7592

-60-028413

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7592

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b <u>26 DAYS</u>	c. CITY OR TOWN <u>NEWTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>SAMUEL S. BEVERLIN</u>	First <u>SAMUEL</u>	Middle <u>S.</u>	Last <u>BEVERLIN</u>	4. DATE OF DEATH <u>JULY 31, 1960</u>	Month <u>JULY</u>	Day <u>31</u>	Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-9-23</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HR Days <u>31</u>	Hours <u>0</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>NEWTON, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>SYLVAN BEVERLIN</u>	13b. MOTHER'S MAIDEN NAME <u>EDITH MITCHELL</u>	14. NAME OF HUSBAND OR WIFE <u>JOAN BEVERLIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>KOREAN</u>	16. SOCIAL SECURITY NO. <u>341-16-9464</u>	17. INFORMANT <u>JOAN BEVERLIN, NEWTON, ILLINOIS</u>	Address <u>NEWTON, ILLINOIS</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEPATIC FAILURE, PRESUMED</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>POST-NECROTIC CIRRHOSIS</u>	
	DUE TO (c) <u>581.0</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>NEWTON</u>	COUNTY <u>ILLINOIS</u>	STATE
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21. VA attended the deceased from 7-5-60 to 7-31-60 and last saw him alive on 7-31-60
Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>JACK W. LOVE</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	22c. DATE SIGNED <u>7-31-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>8-1-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY</u>	23d. LOCATION (City, town, or county) (State) <u>NEWTON ILLINOIS</u>
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24. FUNERAL DIRECTOR <u>PARKER-FLAGG</u>	ADDRESS <u>NEWTON ILL</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 1 1960</u>	26. REGISTRAR'S SIGNATURE <u>Neal Smith, M.D.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 30 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Prokopf

Licensed Embalmer No. 435

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.