URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12374 STATE FILE NUMBER -60-047301

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Louis- Little Rock Hospitals, Inc.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Miami
c. CITY OR TOWN Osawatomie
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 829 Pacific (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Harris Last Bevill
4. DATE OF DEATH Month Dec. Day 23 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-20-1881
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Rock Hill, Ky.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Samuel Bevill
13b. MOTHER'S MAIDEN NAME Ella Kelly
14. NAME OF HUSBAND OR WIFE Mabel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT M.M.Bevill, Osawatomie, Kansas Address

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease Many years.
DUE TO (c) 420.0
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. ☐ Yes ☐ No ☐ Unknown

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 12-22-60 at 11:30 AM to 12-23-60 and last saw him alive on Dec 23, 1960
Death occurred at 7.30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ward E Kasto (Degree or title) MD
22b. ADDRESS 1755 So. Grand Blvd
22c. DATE SIGNED 12/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-24-60
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Osawatomie, Kansas

24. FUNERAL DIRECTOR Eddy Funeral Home ADDRESS Osawatomie, Kansas
25. DATE RECD. BY LOCAL REG. DEC 24 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

JAN 10 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Robert M. Murra

Signature of Student Embalmer

Licensed Embalmer No. 3749

P. O. Address St Louis

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