

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039779

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5407 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

| | | | | | | | | |
|--|--|--|------------------------------------|--|---|---|--|--|
| FILED OCT 21 1963 | | | | | | | | |
| 1. PLACE OF DEATH | | | | | | | | |
| a. COUNTY Jackson | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 12 days | | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | | | | | |
| a. STATE Missouri COUNTY Lewis | | | | | | | | |
| c. CITY OR TOWN Williamstown Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | |
| d. STREET ADDRESS Rural (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| 3. NAME OF DECEASED First Middle Last | | | 4. DATE OF DEATH Month Day Year | | | | | |
| Cecil J. Bevans | | | October 1, 1963 | | | | | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | 10. IF UNDER 1 YEAR | 11. IF UNDER 24 HR | | |
| Male | White | | 6-28-1915 | 48 | Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | | |
| Farming | | self employed | | Lewis County, Mo. | | USA | | |
| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME | | | 14. NAME OF HUSBAND OR WIFE | | |
| Abe Bevans | | | Linnie L. Glisan | | | LaVeta Clifton | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT Address | | |
| No | | | | | | Mrs. LaVeta Bevans, Wmtown, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) | | | | | | | | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | | |
| IMMEDIATE CAUSE (a) LYMPHO SARCOMA, retroperitoneal | | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | |
| DUE TO (b) | | | | | | | | |
| DUE TO (c) | | | | | | | | |
| 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"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input 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.) | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | | | | | | |
| 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 | COUNTY | STATE | | |
| 21. I attended the deceased from <u>Sept 14, 1963</u> to <u>Oct 1, 1963</u> and last saw ^{her} him alive on <u>Oct 1st 1963</u> | | | | | | | | |
| Death occurred at <u>1:30/P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>W. Eubank</i> (Degree or title) | | | | 22b. ADDRESS 6800 Prospect Kc Mo | | 22c. DATE SIGNED 10-7-63 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | | |
| Removal | | Oct. 3, 1963 | Providence Cemetery | | Lewis County, Missouri | | | |
| 24. FUNERAL DIRECTOR Barkley Funeral Home, Inc. ADDRESS Canton, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 10-7-63 | 26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i> | | | |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

W. Eubank

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

OCT 21 1963

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 Forrest D. Goldenow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

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.

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