

FILED OCT 26 1948

Registration District No. **26**

Primary Registration District No. **K158**

Registrar's No. **77**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Dallas**
 (b) City or town **Buffalo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Dallas 30**
 (c) City or town **Buffalo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME **Steven S. Blevins**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **4**
 year **1948** hour **8** minute **30** AM.
21. I hereby certify that I attended the deceased from **May 1**
1948 to **Oct. 4** 19**48**;
 that I last saw him alive on **Oct. 2** 19**48**;
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
 6. (b) Name of husband or wife **Mary F. Blevins** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **May 26 1866**
 (Month) (Day) (Year)

Immediate cause of death **Coronary occlusion** **3 days**
 Due to **arteriosclerosis**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years **82** Months **4** Days **11** If less than one day hr. _____ min. _____

9. Birthplace **Johnson Co. Mo. U**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Engineer**

11. Industry or business
12. Name **E. E. Blevins**
13. Birthplace **Tenn. U**
 (City, town, or county) (State or foreign country)
14. Maiden name **Loretta Aceres**
15. Birthplace **Mo. U**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary F. Blevins**
(b) Address **Buffalo, Mo.**
17. (a) Burial **(b) Date thereof** **10-6-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Present Hope**

Major findings: Of operations _____
 Of autopsy **cautic**

18. (a) Signature of funeral director **Montgomery-Vaughan**
(b) Address **Buffalo Mo**
19. (a) 10-23-48 **(b) Mrs. J. B. Jones**
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature **Frank O. J. Hanna** (M. D. or other) **MD**
Address **Buffalo Mo** **Date signed** **10-9-48**

RCI 1111

District Health Officer No. 7,

District File Number 9-48-1242

Date Filed 10-25-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.