

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37832

FILED DEC 5 1949

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-654 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	
c. LENGTH OF STAY (In this place) <u>retire</u>		d. STREET ADDRESS (If rural, give location) <u>R.R.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kendall</u> b. (Middle) _____ c. (Last) <u>BLEVINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>9-19-48</u>		9. AGE (In years last birthday) <u>1</u> MONTHS <u>NO</u> DAYS <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>L</u>					

13a. FATHER'S NAME <u>Lewis Blevins</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Hastings</u>		14. NAME OF HUSBAND OR WIFE <u>L</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>L</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Barbours</u> ADDRESS <u>Miller Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3RD Degree Burns</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>House Burning down</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>  <u>11.0</u>  <u>11.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>55</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 24/49 8A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>mother threw coal oil on fire</u>	
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22. I hereby certify that I attended the deceased from after death, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at B.A. m., from the causes and on the date stated above.

22a. SIGNATURE <u>Herman J. Scrimgeour</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Marionville Mo</u>		23c. DATE SIGNED <u>9/24/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scymore</u>	
24d. LOCATION (City, town, or county) (State) <u>Miller Mo</u>					

DATE REC'D BY LOCAL REG. <u>10-5-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Breezy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G.R. Herman</u> ADDRESS <u>Miller Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 16 1949  
District Health Office No. 6,  
District File Number 1149-1269  
Date Filed 11-30-49

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 \_\_\_\_\_

working under my personal supervision.

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *J. R. Leman*

Licensed Embalmer No. 3297

P. O. Address *Millen 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 this body is not embalmed, fact should be so stated above.