

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36819

State File No.

BIRTH NO.		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5381</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montauk, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montauk, Mo.</u> <u>0330</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Montauk Postoffice</u>			
3. NAME OF DECEASED (Type or Print) <u>Genoa</u>		a. (First)		b. (Middle) <u>Alley</u>		c. (Last) <u>Blevins</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26, 1870</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Morehead, Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Cyrus Alley</u>		13b. MOTHER'S MAIDEN NAME <u>Hanoy Hazelrigg</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Blevins Sr.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mike Blevins, Montauk, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>51</u> , to <u>Nov 7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 6</u> , 19 <u>51</u> , and that death occurred at <u>5:50 p.m.</u> , from the cause and on the date stated above.							
23a. SIGNATURE <u>L. Leland</u> (Degree or title)				23b. ADDRESS <u>Licking Mo</u>		23c. DATE SIGNED <u>11-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-12-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Grantham</u>		ADDRESS <u>Salem, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 17 1951

RECEIVED

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, as by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.