.S. No. 300
EV. 10.48

FILED JUN 26 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20837

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 267

#
0495
0

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOPLIN GENERAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 507 S. COWGILL Street, 0490
d. STREET ADDRESS (If rural, give location): CARL JUNCTION, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): BEULAH
b. (Middle): BEATRICE
c. (Last): BLOWER

4. DATE OF DEATH (Month) (Day) (Year): 6-15-1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-10-1888

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Webb City, Mo.

12. CITIZEN OF WHAT COUNTRY?: US.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: Richard T. Blower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Richard T. Blower — ADDRESS: Carl Jct., Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-Intestinal Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Portal Cirrhosis, Anemia, nephrosclerosis, Generalized
DUE TO (c) Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - Diabetes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1949, *to* June 15, 1952, *that I last saw the deceased alive on* June 15, 1952, *and that death occurred at* 12:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Pinkston D.O. 2

23b. ADDRESS: Carl Junction Mo

23c. DATE SIGNED: 6-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-18-1952

24c. NAME OF CEMETERY OR CREMATORY: Carl Jct. Cemetery

24d. LOCATION (City, town, or county) (State): Carl Jct., Mo

DATE REC'D BY LOCAL REG.: 6-16-52

REGISTRAR'S SIGNATURE: Ed O. James 138 by Walter Lampkins D.C.

25. FUNERAL DIRECTOR'S SIGNATURE: Don Covey — ADDRESS: Carl Jct., Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-24-52
Jasper County Health Office

County File Number 52/6/476
Date Filed 6-24-52

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 5504

P. O. Address Webb City, 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.