

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **18442**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5381</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Current Township</u>				c. CITY OR TOWN <u>Current Twsp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rte. 5, near Montauk, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Route 5, near Montauk, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EULA</u>		b. (Middle) <u>GENOA</u>		c. (Last) <u>BLEVINS</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>20</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 13 1894</u>	9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 YEAR Hours _____ Mins. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bluejacket, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allen Blevins, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Genoa Alley</u>		14. NAME OF HUSBAND OR WIFE <u>None</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, Rte 5, Salem, 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>Hydro UREMIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 wk</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydronephrosis</u>							
DUE TO (c) <u>Carcinoma of CERVIX</u>				<u>7 yr +</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bowel obstruction</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		171 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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>6/15, 1954</u> to <u>6/20, 1954</u> , that I last saw the deceased alive on <u>6/15, 1954</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. J. Bark</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>6/21/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jun 22, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-21-54</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. W. Lyman Blackwell-Warfel Salem, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Max L. Garfield

Licensed Embalmer No. 417

P. O. Address Salem

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.