

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22041**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5096** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RFD Mt Pleasant Twp</b> ) c. LENGTH OF STAY (in this place) <b>3 days</b>		c. CITY OR TOWN <b>RFD Appleton Mo</b> 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 <b>Pine Tree Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Hudson Twp. Bates Co. 0070</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>F</b> c. (Last) <b>Blevins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jul. 30 54</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Jan 12 1877</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Riley Blevins</b>		13b. MOTHER'S MAIDEN NAME <b>Millie Gibson</b>	14. NAME OF HUSBAND OR WIFE <b>single-</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Blevins-Appleton City Mo</b>
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterial fibrillation</b> DUE TO (c) <b>Hypertension with chronic nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Edema</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592X</b>	
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 <b>July 1, 1954</b> , to <b>July 30, 1954</b> , that I last saw the deceased alive on <b>July 30, 1954</b> , and that death occurred at <b>9 PM</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. L. Hansen M.D.</b>		23b. ADDRESS <b>Butler Mo</b>	23c. DATE SIGNED <b>7-31-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8/2/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Myers cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>RFD Bates Co. Mo</b>
DATE REC'D BY LOCAL REG. <b>July 31-54</b>		REGISTRAR'S SIGNATURE <b>Rendall Kory</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver Underwood Butler Mo.</b>

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

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**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 *John G. Underwood* .....  
Licensed Embalmer No. *358* .....

P. O. Address *Butler* .....

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.