

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43155

State File No. 6173

Registrar's No. 98

BIRTHFILE NO. FILED DEC 20 1954

REG. DIST. NO. 352

PRIMARY REG. DIST. NO. 6192

Registrar's No. 98

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

1. PLACE OF DEATH a. COUNTY <u>Janey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Oliver</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Omaha</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Branson, Mo</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Omaha</u>		<u>80308</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Evadne</u> c. (Last) <u>Blevins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 29 1878</u>
9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR <u>1</u>	DAYS <u>7</u>	# UNDER 24 HRS. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stone Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Goodall</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE <u>Wm A. Blevins deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Goodall</u> ADDRESS <u>Branson 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>391X</u>	
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>11-25</u> , 19 <u>54</u> , to <u>12-6</u> , 19 <u>54</u> that I last saw the deceased alive on <u>12-4</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Inscribed or title) <u>Dr. J. H. Aubrey</u>		23b. ADDRESS <u>Branson Mo</u>	23c. DATE SIGNED <u>12-9-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blevins</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Arkansas</u>
DATE REC'D BY LOCAL REG. <u>12-7-54</u>	REGISTRAR'S SIGNATURE <u>J E Cozard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Christerson Funeral Home</u> ADDRESS <u>Branson Mo</u>	

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 *Norman Andrews*.....

Licensed Embalmer No. *630*.....

P. O. Address *Shirley, Ark*.....

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.