

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 - 1955

State File No. 539

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Finley		c. CITY OR TOWN Ozark Mo. R R	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 yrs		e. STREET ADDRESS (If rural, give location) Ozark Mo R R 0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo, R R			

3. NAME OF DECEASED (Type or Print)	a. (First) Kate	b. (Middle) Ellen	c. (Last) Blevins	4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1955
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7, 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo 0	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Robert S Brown	13b. MOTHER'S MAIDEN NAME Mary Alice Fielder	14. NAME OF HUSBAND OR WIFE Riley L Blevins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Riley L Blevins, Ozark. Mo R R
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH F Day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident		
	ANTECEDENT CAUSES Morbid 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.		Hypertension, Arterial Arteriosclerosis, generalized Known 10 yrs Known syn.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7 Jan, 1954, to 12 Jan, 1955, that I last saw the deceased alive on 12 Jan, 1955, and that death occurred at 4:47 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] O.M.D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED 24 JAN 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 21 / 1955	24c. NAME OF CEMETERY OR CREMATORY Salmore	24d. LOCATION (City, town, or county) (State) Christian Co Mo
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DATE REC'D BY LOCAL REG Feb 2 - 1955	REGISTRAR'S SIGNATURE [Signature] 5-9-10	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS G. B. Chaffin Ozark, Mo
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(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... *T. B. Chaffin*

Licensed Embalmer No. *219*

P. O. Address... *Djunk*

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.