

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32461**

FILED OCT 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **409**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau Mo</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>2wks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2046 Woodlawn St.</b>		e. STREET ADDRESS (If rural, give location) <b>2046 Woodlawn St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>China</b> b. (Middle) <b>Blevins</b> c. (Last) <b>Horton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Mar 20, 1900</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Vanburen, Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>James Blevins</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Walkup</b>		14. NAME OF HUSBAND OR WIFE <b>Arthur E Horton</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>Arthur E Horton, Okla. City, Okla.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, cervix, with generalized carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>171X</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Apr. 1954</b>		19b. MAJOR FINDINGS OF OPERATION (At University of Oklahoma, Oklahoma City Okla.) <b>Carcinoma, cervix, with generalized carcinomatosis.</b>		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)	
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?	

22. I hereby certify that I attended the deceased from **Oct. 5, 1955**, to **Oct. 17, 1955**, that I last saw the deceased alive on **Oct. 17, 1955**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward D Campbell M.D.</b>		23b. ADDRESS <b>Cape Girardeau, Mo.</b>		23c. DATE SIGNED <b>10-19-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-20-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorimier Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>10-25-55</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. L. Haman Cape Girardeau, Mo.</b>	
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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 *A. J. Haman*.....

Licensed Embalmer No. *286*.....

P. O. Address *Cape Girardeau*.....

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.