

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31266

State File No. 405

FILED OCT 4 1956

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BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 566 Registrar's No. 405

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Turnback</u>		c. LENGTH OF STAY (in this place) <u>43 years</u>	c. CITY OR TOWN <u>Marionville</u> d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt I Marionville, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt I Marionville, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Genetta</u> b. (Middle) <u>Frances</u> c. (Last) <u>Blevins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Apr. 22-1902</u>
9. AGE (In years) <u>54</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 1 MRS. Hours _____ Min. _____		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 _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henderson Harmon</u>		13b. MOTHER'S MAIDEN NAME <u>Cannie String</u>	
14. NAME OF HUSBAND OR WIFE <u>Claude Blevins</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>Claude Blevins</u> ADDRESS <u>Rt I Marionville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		?
	DUE TO (c) _____		
II. 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 <u>3 31x</u>		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 WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept 3</u> , 1956, to <u>Sept 4</u> , 1956, that I last saw the deceased alive on <u>Sept 4</u> , 1956, and that death occurred at <u>5 30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>P. R. Hornum M.D.</u> (Degree or title)		23b. ADDRESS <u>611 8th St. Vernon Mo.</u>	23c. DATE SIGNED <u>Sept 5, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 6-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>	24d. LOCATION (City, town, or county) (State) <u>Chesapeake Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-9-56</u>	REGISTRAR'S SIGNATURE <u>Paul Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Furett</u> ADDRESS <u>Vernon Mo.</u>	

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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... *Max L Fosselt*

Licensed Embalmer No. *4252*

P. O. Address *Mt Vernon*

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.