XC-13166703
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42717

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10516

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915N. GRAND. ST. LOUIS, MO — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VET. ADM. HOSPITAL — Length of stay in 1b 107 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY MONTGOMERY
c. CITY OR TOWN LITCHFIELD 8/20/8 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 211 VINE ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First RALPH Middle (NMI) Last BLEVINS
4. DATE OF DEATH Month NOVEMBER Day 17 Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH 8-31-18
9. AGE (In years last birthday) 38 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) GILLESPIE, ILL.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME PALMER BLIVENS
14. MOTHER'S MAIDEN NAME GOLDIE MAE SHUEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW2
16. SOCIAL SECURITY NO. 330-16-9633
17. INFORMANT VA HOSP. RECORDS. 915 N. GRAND. ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CHRONIC GLOMERULONEPHRITIS — 8 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 592X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-2-56 to 11-17-56 and last saw ~~XXX~~ alive on 11-17-56
Death occurred at 3:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE CHARLES E. NEELY (Degree or title) M. D.
22b. ADDRESS VAH. ST. LOUIS, MISSOURI
22c. DATE SIGNED 11/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/18/56
23c. NAME OF CEMETERY OR CREMATORY Gillespie, Ill
23d. LOCATION (City, town, or county) (State) Gillespie, Ill.

24. FUNERAL DIRECTOR ADDRESS Edward Fendler Mortuary 5611 S Grand
25. DATE RECD. BY LOCAL REG. NOV 19 1956
26. REGISTRAR'S SIGNATURE Earl D. Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MS APR 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.