

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34587

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>GREENE TANNEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TOWN <u>BRANSON</u>		c. CITY OR TOWN <u>Springfield</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Taney Camp</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS <u>838 S. Grant</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>EARNEST</u> Last <u>BLEVINS</u>			4. DATE OF DEATH <u>SEPT 19, 1957</u> Month <u>SEPT</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 12 1930</u>	9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>27</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Odd Jobs</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Seymour, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Russell Blevins</u>			14. MOTHER'S MAIDEN NAME <u>Besse Denney</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>Russell Blevins</u>		Address <u>Springfield, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental Drowning</u> DUE TO (b) <u>Swimming Car off Bridge</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)					INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Drove Car off of McK bridge</u>			
20c. TIME OF INJURY Hour <u>10:30</u> Month, Day, Year <u>9-19-57</u> a. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory street, office bldg., etc.) <u>Lake Taney Camp</u>	20f. CITY, TOWN, OR LOCATION <u>Branson</u>		STATE <u>Mo</u>
21. I attended the deceased from <u>9-19-57</u> to <u>9-19-57</u> and last saw him alive on <u>9-19-57</u> Death occurred at <u>10:30 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Walter S. Bell Coroner</u>			22b. ADDRESS <u>Jarvis St</u>		22c. DATE SIGNED <u>9-26-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/23/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Seymour Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Seymour, Mo.</u>	
24. FUNERAL DIRECTOR <u>Begman - Miller</u>		ADDRESS <u>Seymour Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10/8/57</u>	26. REGISTRAR'S SIGNATURE <u>Alexander Campbell</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Service

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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 Was Not Embalmed Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Walter S. Cook.....

Licensed Embalmer No. 47

P. O. Address Leominster

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.