

59-040792

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Odessa			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 W. Mason			Length of stay in 1b 2 yrs.	d. STREET ADDRESS 712 W. Mason			(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Oliver Blevans				4. DATE OF DEATH Month Day Year Nov. 24, 1959				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 12, 1869		9. AGE (In years last birthday) 90	FUNDER 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) farmer			10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Strasburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Blevans			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Lillie Myrtle & Blevans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT Address Howard Blevans Odessa, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 5 mo. 9 da.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) arteriosclerotic heart disease		DUE TO (c) Generalized arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) 4200							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-12-59 to 11-21-59 and last saw him alive on 11-21-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE (Degree or title) Bevil L. Watson, M.D.				22b. ADDRESS Odessa, Mo		22c. DATE SIGNED 11-24-59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11/27/59	23c. NAME OF CEMETERY OR CREMATORY Strasburg Cem.		23d. LOCATION (City, town, or country) Strasburg, Missouri		(State)	
24. FUNERAL DIRECTOR Brownfield-Stanley Pleasant Hill, Mo.			25. DATE RECD. BY LOCAL REG. 12/4/1959		26. REGISTRAR'S SIGNATURE Emma Davidson			

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

53-0

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. 594 working under my personal supervision.

Student Donald R. Wiggins
Signature of Student Embalmer

Signed Raymond C. Stanley

Licensed Embalmer No. 5008

P. O. Address. Pleasant Hill, Va

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.