

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-028492
STATE FILE NUMBER

AMENDED

Registration District No. 2/3 Primary Registration District No. 3007 Registrar's No. 294

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Bernie</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. #1</u>	
Length of stay in 1b		Inside Limits Yes ☒ No ☐	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First <u>Silas</u> Middle <u>E.</u> Last <u>Blevins</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>26</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>4-21-1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Carmi, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>William T. Blevins</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Burris</u>	
14. NAME OF HUSBAND OR WIFE <u>Rosie Blevins</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>none</u>	
17. INFORMANT <u>Delmar Blevins, Bernie, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>	

IMMEDIATE CAUSE (a) <u>Coronary Intact in-</u>		CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Dietary, Gun Articulosos & Arterio</u>	142?
DUE TO (c) <u>severe heart disease</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u>	

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
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21. I attended the deceased from 7-11-60 to 8-26-61 and last saw her alive on 8-26-61
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John R. Lundy, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Poplar Bluff, Missouri</u>	22c. DATE-SIGNED <u>9-5-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>	23d. LOCATION (City, town, or county) <u>Bernie, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Duffie-Rainey</u>	ADDRESS <u>Bernie, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/7/1961</u>	26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lucille Ramsey

Licensed Embalmer No. 4983

P. O. Address Dayton, TN

13-25-3

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.