

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0044354

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 304

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED 30 64

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |  |                          |
|---|---|--|--------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Henry  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Henry   |                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Leesville Twsp   |   | c. CITY OR TOWN Leesville Twsp   |                          |
| Length of stay in 1b Years  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Clinton RFD 2  |   | d. STREET ADDRESS (If outside, give location)<br>Clinton RFD 2   |                          |
| 3. NAME OF DECEASED<br>(Type or print) LEE S. BLEVENS   |   | 4. DATE OF DEATH November 23, 1964   |                          |
| 5. SEX Male   | 6. COLOR OR RACE White  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH 3/27/92 |
| 9. AGE (last birthday) 72   |   | IF UNDER 1 YEAR Months Days Hours Min.   |                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer   |   | 10b. KIND OF BUSINESS OR INDUSTRY Farm   |                          |
| 11. BIRTHPLACE (City and state or country) Louisiana, Mo.   |   | 12. CITIZEN OF WHAT COUNTRY USA  |                          |
| 13a. FATHER'S NAME Henry Blevins  |   | 13b. MOTHER'S MAIDEN NAME Hazel Blevens  |                          |
| 14. NAME OF HUSBAND OR WIFE Hazel Blevens   |   | 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. 495-36-5073   |   | 17. INFORMANT Hazel Blevens Clinton RFD 2, Mo.   |                          |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Medullary Myeloma<br>DUE TO (b) Myocardial Infarction<br>DUE TO (c) Cerebral artery disease     |   | INTERVAL BETWEEN ONSET AND DEATH minutes<br>1-hour<br>years  |                          |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                          |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <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 1963, May to Nov. 23, 1964 and last saw her alive on Nov. 19, 1964<br>Death occurred at 10:30 am 11/23/64 m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                          |
| 22a. SIGNATURE (Degree or title) James C. Clouse DO   |   | 22b. ADDRESS 105 E. Ohio Clinton, Mo   |                          |
| 22c. DATE SIGNED Nov. 24, 1964  |   | 22d. LOCATION (City, town, or county) (State)  |                          |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 23b. DATE Nov 25, 64  | 23c. NAME OF CEMETERY OR CREMATORY Greenridge Cemetery   |                          |
| 23d. LOCATION (City, town, or county) Greenridge, Missouri  |   | 23e. DATE RECD. BY LOCAL REG. Nov. 25, 1964  |                          |
| 24. FUNERAL DIRECTOR Consalus   |   | 25. REGISTRAR'S SIGNATURE Mildred Bigum  |                          |
| 26. REGISTRAR'S ADDRESS Clinton, Mo.  |   |  |                          |

(Licensed Embalmer's Statement on Reverse Side)

**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 Eugene R. Consoalun

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

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.

*Call  
1-800-  
272-  
1111*

*Permit Obtained 11-25-64*

*(MIB)*