

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025268
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 137 Primary Registration District No. 5512 Registrar's No. 840

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Hartwell</u> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		c. CITY TOWN <u>Hartwell MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hartwell</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>0 0</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Mason E. Blevins</u>	4. DATE OF DEATH <u>7 15 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> 3	8. DATE OF BIRTH <u>1-7-23-9-29-84</u>	9. AGE (In years last birthday) <u>10 19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MO. Henry, CO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Henry Blevins</u>	14. MOTHER'S MAIDEN NAME <u>Emily Farris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>R. L. Blevins</u> Address
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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>MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 MO.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		4222
} DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 6

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.)
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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 checked="" 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 _____
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21. I attended the deceased from <u>MAR. 1958</u> to <u>July 18, 1958</u> and last saw her ^{him} alive on <u>JULY 15, 1958</u> Death occurred at <u>2 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>	22b. ADDRESS <u>Clinton, MO.</u>	22c. DATE SIGNED <u>7-18-58</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE <u>7-20-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Near Union MO</u>
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24. FUNERAL DIRECTOR <u>Brown & Graham Union MO</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>7-18-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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. Coroner cannot certify to a death due to natural causes.

JUL 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *R. R. Kenney*.....

Licensed Embalmer No. *30*..

P. O. Address *Clinton*..

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.