

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18826

Registration District No. 460

Primary Registration District No. 9272

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Corder Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lafayette
 (c) City or town Corder
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Lydia Weigel Blevins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Blevins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2/27/1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 1 18 hr. min.

9. Birthplace: Corder Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife-Restaurant Owner

11. Industry or business _____

12. Name John Weigel

13. Birthplace Austria
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Bennish

15. Birthplace Austria
 (City, town, or county) (State or foreign country)

16. (a) Informant Ray Blevins

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 4/17/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder Mo.

18. (a) Signature of funeral director Asst. Dir.

(b) Address Highmore Ave

19. (a) 6-2-40 (b) L. J. J. Webb
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
 year 1940 hour 9 minute 03 M.

21. I hereby certify that I attended the deceased from April 14
 1940, to April 15, 1940

that I last saw her alive on April 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Thrombosis 1 day

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Asst. Dir. (M. D. certificate) _____

*Address Corder mo Date signed 4-15-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-11-40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3070

P. O. Address Heywood, N.C.

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 this body is not embalmed, above space should be left blank.