FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
Registration District No. 63

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22504
Primary Registration District No. 4114
Registrar's No. 75

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Mendon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Chariton 21
(c) City or town Mendon 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Blevins
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 31 (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Mendon, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation R.R. Laborer
11. Industry or business
FATHER
12. Name John Blevins
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Viola Collins
(b) Address Mendon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Comer
18. (a) Signature of funeral director L. L. Leipard
(b) Address Mendon Mo
19. (a) 7-24-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 56

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1948 hour 6 minute P M.
21. I hereby certify that I attended the deceased from July 10, 1948, to July 17, 1948;
that I last saw him alive on July 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart complications, partly dilatation
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 95C

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place) 3
While at work? (e) Means of injury
23. Signature W. D. West (M. D. ~~or other~~ Coroner)
Address ~~July~~ Mendon, Mo Date signed 7/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-11-48

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 S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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 this body is not embalmed, fact should be so stated above.