

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29880

Registrar's No. 859

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller</u> <u>Winchell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spfg. Baptist U</u>		d. STREET ADDRESS (If rural, give location) <u>B.R.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) _____ c. (Last) <u>Blevins</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-24-49</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-23-1927</u>	
9. AGE (In years last birthday) <u>22</u> 10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Native USA</u>		13a. FATHER'S NAME <u>Leonard Hastings</u>	
13b. MOTHER'S MAIDEN NAME <u>Essie</u>		14. NAME OF HUSBAND OR WIFE <u>Mark Mr. Lewis 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'S SIGNATURE OR NAME <u>Minnie Westbrook</u>		ADDRESS <u>Miller Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burns, 3rd degree, 90%+</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None performed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>59</u> (STATE) <u>Mo.</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-24-49 8am</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Put Kerosene on live coals + explosion resulted in her home</u>		22. I hereby certify that I attended the deceased from <u>9-24, 1949</u> , to <u>9-24, 1949</u> , that I last saw the deceased alive on <u>9-24, 1949</u> , and that death occurred at <u>3:45 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>William W. Wood M.D.</u>		23b. ADDRESS <u>500 Halland Bldg. Springfield, Mo.</u>	
23c. DATE SIGNED <u>9-27-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymore</u>	
24d. LOCATION (City, town, or county) (State) <u>Miller Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Luman</u>	
25. ADDRESS <u>Miller Mo.</u>		DATE REC'D BY LOCAL REG. <u>9-28-49</u>	

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

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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
Student Embalmer

Signed

L. R. Simon

Licensed Embalmer No. *3297*

P. O. Address *Miller 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.