

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 17617BIRTH NO. 12972-50 REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY OR TOWN <b>Rural</b>		c. LENGTH OF STAY (In this place) <b>1 Mo 28</b>		c. CITY OR TOWN <b>Rural Franklin</b>		0730			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>Stella, Mo. R#1</b>					
3. NAME OF DECEASED (Type or Print) <b>Clovis</b>			a. (First) <b>Clovis</b>		b. (Middle) <b>Jr.</b>		c. (Last) <b>Blevins</b>		
4. DATE OF DEATH (Month) (Day) (Year) <b>4 26 50</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>3-4-50</b>	
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>1</b>		IF UNDER 1 YEAR Days <b>28</b>		IF UNDER 24 HOURS Hours <b>0</b>		IF UNDER 24 HOURS Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A</b>	
13a. FATHER'S NAME <b>Clovis Blevins</b>			13b. MOTHER'S MAIDEN NAME <b>Vivian Stephens</b>			14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clovis Blevins</b>			ADDRESS <b>Stella, Mo. R#1</b>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>flu.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Inferential infection</b>				1 day	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>A454</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4:25</u> , 19 <u>50</u> , to <u>4:26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4:25</u> , 19 <u>50</u> , and that death occurred at <u>9:40 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>R. R. Adams</b>				23b. ADDRESS <b>Stella, Mo.</b>		23c. DATE SIGNED <b>5.1.50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Stella, Mo. R#1</b>			
DATE REC'D BY LOCAL REG. <b>5-2-1950</b>		REGISTRAR'S SIGNATURE <b>Alpha Deger 369</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Morris Pope Wheeler, Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

300

45

**RECEIVED**

District Health Officer No. Newton Co. Health Dept.

District File Number 550-111

Date ~~1950~~ MAY 9 1950

Received

**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 \_\_\_\_\_

working under my personal supervision

Student Embalmer No. \_\_\_\_\_

Student No. Embalming \_\_\_\_\_

Student Embalmer

Signed Wm Marie Dyer \_\_\_\_\_

Licensed Embalmer No. 3442

P. O. Address Wheaton, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.