

U.S. No. 300 **MAY 19 1952**

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16231**

0446

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5534		Registrar's No. 36		
1. PLACE OF DEATH a. COUNTY HOLT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOLT				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOREST CITY (Rural) Forest Twp.		c. LENGTH OF STAY (In this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOREST CITY-RURAL FOREST TWP.				
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) NONE				
3. NAME OF DECEASED a. (First) GURDIAH			b. (Middle)		c. (Last) BLEVINB.		4. DATE OF DEATH (Month) MAY (Day) 13 (Year) 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR 26, 1914	9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) HOLT CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOSEPH MORRIS			13b. MOTHER'S MAIDEN NAME PHOEBE MORRIS		14. NAME OF HUSBAND OR WIFE JAMES E. BLEVINB.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. WILL BLEDSOE FOREST CITY, MO.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) injuries received in fall					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b)	
		DUE TO (c)					E9030 20	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					arterio Sclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION intercostal fracture					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SLIGHT HOMICIDE		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 April		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall on house floor				
22. I hereby certify that I attended the deceased from Feb 1, 1952 to May 13, 1952 , that I last saw the deceased alive on May 13, 1952 and that death occurred at 7 P m., from the causes and on the date stated above.								
23a. SIGNATURE F. C. Hogan M.D.				23b. ADDRESS Mound City MO.		23c. DATE SIGNED 5-17-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 10, 1952		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE		24d. LOCATION (City, town, or county) (State) OREGON, MO.		
DATE REC'D BY LOCAL REG. 5-17-1952		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE James N. Pritzsch		ADDRESS Oregon Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1953

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

James H. Ortiguer

Licensed Embalmer No. 3192

P. O. Address Acryon, 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.