

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ARKANSAS b. COUNTY CARROLL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	c. LENGTH OF STAY (In this place) 8 WKS	c. CITY OR TOWN GREEN FOREST	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		e. STREET ADDRESS (If rural, give location) 803⁰ S	

3. NAME OF DECEASED (Type or Print) a. (First) DELSON b. (Middle) BLEVINS c. (Last) BLEVINS			4. DATE OF DEATH (Month) (Day) (Year) FEB. 8 1956					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 31 1906	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 49	IF UNDER 2 HRS. Days 49	IF UNDER 24 HRS. Hours 49	IF UNDER 1 Min. Min. 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) ENON, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME LUKE BLEVINS		13b. MOTHER'S MAIDEN NAME MINNIE DAVIS		14. NAME OF HUSBAND OR WIFE MILLIE BLEVINS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MILLIE BLEVINS, GREEN FOREST			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiovascular disease over 2 yrs			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)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterioder nephrosclerosis over 2 yrs.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	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 May 15, 1955, to 8 Feb, 1956, that I last saw the deceased alive on 7 Feb, 1956, and that death occurred at 9:30A. from the causes and on the date stated above.

22a. SIGNATURE Francis M. Maple (Degree or title) MD		23b. ADDRESS 1511 S. Glenstone, Springfield, Mo		23c. DATE SIGNED 8 Feb 56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2/9/56	24c. NAME OF CEMETERY OR CREMATORY ENON CEMETERY	24d. LOCATION (City, town, or county) (State) ENON, ARKANSAS	
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DATE REC'D BY LOCAL REG. 2-10-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H. N. Schreyer	ADDRESS SPRINGFIELD, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 28 1958

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.....
Signature of Student Embalmer

Signed.....
Lucian J. ...

Licensed Embalmer No. 4875

P. O. Address.....
Spring...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F... to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.