

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24130

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 736

1. PLACE OF DEATH a. COUNTY <u>Green</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Christian</u> b. COUNTY <u>Mo</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Springfield Mo</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Ozark Mo</u> <u>8220</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Vaughan Rest Home</u> Length of stay in lb <u>5 Months</u>			d. STREET ADDRESS <u>Ozark Mo</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>H</u> Last <u>Blevins</u>			4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 12-1863</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Arkansas.</u>	
13. FATHER'S NAME <u>James Blevins</u>			14. MOTHER'S MAIDEN NAME <u>Rosie McCauley</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.		17. INFORMANT Address <u>Lon Blevins, Ozark Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis, Chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)					
DUE TO (c) <u>Arterio Sclerosis mod Severe</u>					
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Semility.</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 20, 57</u> , to <u>July 20, 57</u> , and last saw her alive on <u>July 10, 57</u> . Death occurred at <u>2 A</u> m on the <u>gate</u> stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Houston Walkeman M.D.</u> (Degree or title)				22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>7-25-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Selmore</u>	
23d. LOCATION (City, town, or county) <u>Christian, Mo</u>				(State)	
24. FUNERAL DIRECTOR ADDRESS <u>F. B. Chaffin Ozark, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7-25-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Walkeman</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, physician, or other person who certifies to a death due to natural causes. Coroner cannot certify to a death due to natural causes.

Public Health Service

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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
Signature of Student Embalmer

Signed *T. B. Cheffin*

Licensed Embalmer No. *219*

P. O. Address *Ozark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (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.