. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020937
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 128 Primary Registration District No. 2010 Registrar's No. 714

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital — Length of stay in Hospital: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Aurora — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 835 Hudson — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ELMER Middle: LEE Last: BLEVINS

4. DATE OF DEATH Month: June Day: 28 Year: 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARITAL STATUS:** MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 19, 1886 **9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** Farming

11. BIRTHPLACE (City and state or country): Missouri **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13a. FATHER'S NAME: Andrew J. Blevins **13b. MOTHER'S MAIDEN NAME:** Nancy Hicklin **14. NAME OF HUSBAND OR WIFE:** Renia Blevins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498-28-7270

17. INFORMANT Address: Mrs Renia Blevins, Aurora, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Thyroid with extensive local spread, invasion of larynx & trachea
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 194 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 6-28-59, to 6-28-59 and last saw her/him alive on 6-28-59
Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 609 Cherry - Springfield, Mo.
22c. DATE SIGNED: 6-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE:** June 28, 1959 **23c. NAME OF CEMETERY OR CREMATORY:** Camp Ground **23d. LOCATION** (City, town, or county) (State): Near, Aurora, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle **ADDRESS:** B.W. Springfield, Mo. **25. DATE REC'D BY LOCAL REG.:** 6-30-59 **26. REGISTRAR'S SIGNATURE:** Effie E. Melton

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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