

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-002636

STATE FILE NUMBER

FILED VS JAN 18 1960

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 10

732
S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Newton</u> <u>0732</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Neosho</u> <u>07320</u>		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>Sale-Memorial Hospital</u>		Length of stay in lb <u>3wks</u>	d. STREET ADDRESS (If outside, give location) <u>808 1/2 Young</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Zelma E</u> Middle <u>Mae</u> Last <u>Blevins</u>			4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>1960</u>		
5. SEX <u>FM</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9/26/1887</u>	9. AGE (In years at birthday) <u>82</u>	F 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) <u>Nurses Aid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital nursing</u>	11. BIRTHPLACE (City and state or country) <u>Wiseman, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Williams</u>		14. NAME OF HUSBAND OR WIFE <u>William Blevins</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. <u>486-32-7588</u>	17. INFORMANT Address <u>Hollis Blevins Pierce City, 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>M. meningitis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>1950</u> to <u>1-9-60</u> and last saw her ^{him} alive on <u>1-9-60</u> Death occurred at <u>9:30 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>F. Z. Whitehead MD</u>			22b. ADDRESS <u>Neosho Mo</u>		22c. DATE SIGNED <u>1-11-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/12/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		23d. LOCATION (City, town, or county) (State) <u>Violet Hill, Ark</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wm. J. Wessell Pierce City, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Jan. 12, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u> <u>per. R.H.</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 29 1967

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Manitowish.....

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.