MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031812
STATE FILE NUMBER

Registration District No. 199 Primary Registration District No. 5381 Registrar's No. 76

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0330
2	0330 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: DENT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CURRENT TOWNSHIP — Length of stay in 1b: 15 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RESIDENCE — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: DENT
c. CITY OR TOWN: RURAL — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 5 SALEM, MO. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ALLEN — Middle: -- — Last: BLEVINS SR.

4. DATE OF DEATH: Month: AUGUST — Day: 17 — Year: 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/23/1859
9. AGE (last birthday): 104 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): BENTON CO. ARK.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: MICHAEL R. BLEVINS
13b. MOTHER'S MAIDEN NAME: ELIZABETH WAKEFIELD
14. NAME OF HUSBAND OR WIFE: GENOA (DECD.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of serv[illegible]: --
16. SOCIAL SECURITY NO.:
17. INFORMANT: MIKE BLEVINS — Address: ROUTE 5 SALEM, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MALNUTRITION + Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 1wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBROVASCULAR ACCIDENT — 10 days
DUE TO (c): Cerebral + Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ADVANCED AGE!

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1955 to 1963 and last saw ~~her~~ him alive on August 15, 1963
Death occurred at 5:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. J. Bass MD
22b. ADDRESS: Salem, Mo
22c. DATE SIGNED: 8/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8/19/1963
23c. NAME OF CEMETERY OR CREMATORY: CEDAR GROVE
23d. LOCATION (City, town, or county) (State): SALEM, MO.

24. FUNERAL DIRECTOR: WARFEL, MAX L. — ADDRESS: SALEM, MO.
25. DATE RECD. BY LOCAL REG.: 8-19-63
26. REGISTRAR'S SIGNATURE: M. M. Hart, MD by AM

(Licensed Embalmer's Statement on Reverse Side)

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 Edward F. Broyles

Licensed Embalmer No. 4553

P. O. Address Box-125 Salem Missouri

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.