

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20066

State File No.

FILED JUN 28 1949

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>5605</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL "Washington"</u>		c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLEASANT GREEN</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sally Woolery Blythe</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLY</u>			b. (Middle) <u>WOOLERY</u>		c. (Last) <u>BLTYHE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 13, 1869</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSHUA TAYLOR</u>		13b. MOTHER'S MAIDEN NAME <u>SARA ELIZA BERRY</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES BLYTHE (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss BELLE WOOLERY</u> ADDRESS <u>PLEASANT GREEN</u>			
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) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>✓</u>					4201
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Knob Noster, Johnson</u> (COUNTY) <u>COOPER</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>March 1, 1949</u> , to <u>June 6, 1949</u> , that I last saw the deceased alive on <u>June 6, 1949</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. W. Love</u> (Degree or title)				23b. ADDRESS <u>Knob Noster, Mo.</u>		23c. DATE SIGNED <u>June 7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT GREEN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PLEASANT GREEN (MISSOURI)</u>		
DATE REC'D BY LOCAL REG. <u>June 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u> <u>149</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u> ADDRESS <u>Knob Noster, Mo.</u>			

Reid Johnson Co. H.D.
JUN 22 1949

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
Student Embalmer

Signed W. Raymond Baker
.....

Licensed Embalmer No. 4616

P. O. Address Knot Hester, Mo.

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