

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 89

390  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>South Campbell Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lockwood</b>	
c. LENGTH OF STAY (In this place) <b>15 hrs.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Margarite</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Blythe</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 28 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-14-1868</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>82</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Dade County--Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Patrick Coyne</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Smiley</b>	14. NAME OF HUSBAND OR WIFE <b>Elza Blythe</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>xx No No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Crabaugh, Springfield, Mo</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>7.4030</b>  <b>2.0</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral Concussion</b>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>fall</b> DUE TO (b)  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured R. Clavicle</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident at home</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lockwood Dade Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 27 50 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell in the house</b>
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22. I hereby certify that I attended the deceased from **1/27**, 19**50** to **1/28**, 19**50**, that I last saw the deceased alive on **1/28**, 19**50**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. G. Michael D.O.</b>	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>1/28/50</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>1-28-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Edgar Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lockwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-28-50</b>	REGISTRAR'S SIGNATURE <b>W. J. Landry M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>George N. Newcomb</b>	ADDRESS <b>Lockwood, Mo.</b>
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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.

Signed.....

*George W. Newcomb*

Signed.....

Student Embalmer

Licensed Embalmer No. *4671*

P. O. Address *Lockwood, 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.