S. No. 300
Rev. 10.48

0060 1

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19304

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5064 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Leroy Twp
c. LENGTH OF STAY (In this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Leroy Township
d. STREET ADDRESS (If rural, give location): Arcadia, Kansas R#1

3. NAME OF DECEASED (Type or Print)
a. (First): CEPHUS
b. (Middle): CAREY
c. (Last): BLYTHE

4. DATE OF DEATH (Month) (Day) (Year): June 19 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30, 1950
9. AGE (In years last birthday): 43
If under 1 year: Months 11 Days 11
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Maintainer for Twp
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew J. Blythe
13b. MOTHER'S MAIDEN NAME: Ada Hudson
14. NAME OF HUSBAND OR WIFE: Mary Weston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 514-20-2108
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Blythe
ADDRESS: R-1 Arcadia Kansas

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) Coronary Stenosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) 0 (COUNTY) 0 (STATE) 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0

22. I hereby certify that I attended the deceased from 6/20, 1950, to 6/20, 1950, that I last saw the deceased alive on June 20, 1950 and that death occurred at 11/45 p.m., from the causes and on the date stated above.

23a. SIGNATURE: A. G. Eddleman (Degree or title) M.D.
23b. ADDRESS: Liberal Mo.
23c. DATE SIGNED: 6/27/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 22 1950
24c. NAME OF CEMETERY OR CREMATORY: Liberal Cemetery
24d. LOCATION (City, town, or county) (State): Liberal Missouri

DATE REC'D BY LOCAL REG.: June 23, 1950
REGISTRAR'S SIGNATURE: Charlotte McDowell
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Konantz Funeral Home, Lamar
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7- OCT 1 1950
District Health Officer No. 5, SPRINGFIELD
District File Number 7-5-749
Date Filed 7-5-50

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed ✓ Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo.

Signed .....
Student Embalmer

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.