

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4106 State File No. 43510

DELATED

BIRTH NO.		REG. DIST. NO. 60		PRIMARY REG. DIST. NO. 5235		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Springs, Mo		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Springs, Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) William		c. (Last) Blye		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov., 3, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR 8 Months	IF UNDER 24 HRS. 9 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County., Tenn. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Blye			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Myrtle Blye		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle E. Blye, Jerico Springs MO.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u> ANTECEDENT CAUSES <u>Nephritis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-7, 1950, to 7-12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 2:50 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. B. Bannister M.D.				23b. ADDRESS Jerico Springs MO		23c. DATE SIGNED 7-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 14, 1950	24c. NAME OF CEMETERY OR CREMATORY Anna Edna		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri		
DATE REC'D BY LOCAL REG. July 30, 1950		REGISTRAR'S SIGNATURE Mrs. Velma Ellis		FUNERAL DIRECTOR'S SIGNATURE John C. Cantelero		ADDRESS Stackton, Mo.	

0230

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 29 1951

Dist. File 151-251

Date Filed 1-29-51

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 *John A. Cantlon*

Signed _____
Student Embalmer

Licensed Embalmer No. 4387

P. O. Address *Stoughton, 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.