

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42577

State File No. _____ Registrar's No. 290

No. 300
10.48

FILED JAN 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>290</u>							
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>			c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>			<u>0210</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Osteopathic</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>									
3. NAME OF DECEASED (Type or Print) <u>Walter</u>			a. (First)	b. (Middle) <u>B.</u>	c. (Last) <u>Blythe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1951</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 22, 1867</u>		9. AGE (In years, last birthday) <u>84</u>	<table border="1" style="font-size: small;"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 10 HRS.	Months	Days	Hours	Min.
IF UNDER 1 YEAR	IF UNDER 10 HRS.												
Months	Days												
Hours	Min.												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minor</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME <u>Maudie Blythe</u>			14. NAME OF HUSBAND OR WIFE							
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>Mrs. Maudie Blythe</u> ADDRESS									
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Senile demential</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 <u>2 days</u> <u>4 months</u>							
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) (Min.)							
				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 <u>Dec. 6</u> , 19 <u>51</u> , to <u>Dec. 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec. 13</u> , 19 <u>51</u> , and that death occurred at <u>2:10 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Dr. J. J. Kelly M.D.</u> (Degree or title)				23b. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo.</u>		23c. DATE SIGNED <u>12-14-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnett</u>		24d. LOCATION (City, town, or county) (State) <u>Plantation Co. Mo.</u>								
DATE REC'D BY LOCAL REG. <u>12-15-51</u>		REGISTRAR'S SIGNATURE <u>Richard L. L. L.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank R. ...</u> ADDRESS									

(Licensed Embellisher's Statement on Reverse Side)

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

Date Received: DEC 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-233
Date Filed: DEC 28 1951

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 Mrs. Freda K. [Signature]

Licensed Embalmer No. 3282

P. O. Address Midway

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.