

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15196

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sweet Springs</b>		c. LENGTH OF STAY (in this place) <b>9 yrs</b>		c. CITY OR TOWN <b>Sweet Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>306 Locust St</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		STREET ADDRESS <b>306 S. Locust St</b>		<b>0910</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Willa</b>	b. (Middle) <b>Elinor</b>	c. (Last) <b>Blythe</b>	(Month) (Day) (Year)		<b>April 27 1956</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 1, 1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ass. Cashier of Bank</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sweet Springs Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Beckley Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Elinor Louise Killion</b>	14. NAME OF HUSBAND OR WIFE <b>John R. 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>No</b>	16. SOCIAL SECURITY NO. <b>487-01-3503</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Men Smith</b>	ADDRESS <b>Sweet Springs Mo</b>
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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	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma of Liver</b> <b>6 mos.</b> DUE TO (c) <b>Carcinoma of Trans Colon</b> <b>4 years.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153x</b>				

19a. DATE OF OPERATION <b>1952 - 1956</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Colon - Metastatic carcinoma of Liver</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 1953**, to **Apr 1956**, that I last saw the deceased alive on **27 Apr, 1956** and that death occurred at **8:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul H. [Signature]</b>	23b. ADDRESS <b>Sweet Springs Mo</b>	23c. DATE SIGNED <b>4-28-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>April 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sweet Springs Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 28, 1956</b>	REGISTRAR'S SIGNATURE <b>Mary Dransley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar A. Mowley</b>	ADDRESS <b>Sweet Springs Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student.....  
Signature of Student Embalmer

Signed *Edgar L. Moxley*.....

Licensed Embalmer No... *47* .....

P. O. Address *Sweet Sp*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.