FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 874

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2850 W. Walnut — Length of stay in 1b: 8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 039 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2850 W. Walnut — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle R. Last BLYTHE
4. DATE OF DEATH Month January Day 20 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH May 9, 1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller
10b. KIND OF BUSINESS OR INDUSTRY Oil Fields
11. BIRTHPLACE (City and state or country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Blythe
13b. MOTHER'S MAIDEN NAME Malinda Miller
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 444-01-5146
17. INFORMANT Address Mrs Callie Blythe Brown

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH few months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to Jan. 20 1958 and last saw him alive on Oct. 14 1957. Death occurred at 1:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) M. D.
22b. ADDRESS Springfield, Mo.
22c. DATE SIGNED 1-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-22-58
23c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery
23d. LOCATION (City, town, or county) (State) Near, Rogersville, Missouri

24. FUNERAL DIRECTOR Jewell E. Windle ADDRESS B.W. Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 1-22-58
26. REGISTRAR'S SIGNATURE Effie B Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfiel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.