

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017082

FILED MAY 13 1958

STATE FILE NUMBER 82

Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

S. 300  
1-57

0824

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Tate Nursing Home</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>812 N. Washington</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Mollie</b> Middle <b>May</b> Last <b>Blythe</b>				4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1958</b>							
5. SEX <b>Fm</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1869</b> <b>October 11</b>		9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>New Bloomfield, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>J. W. Wilson</b>				13b. MOTHER'S MAIDEN NAME <b>Julia Ann Hale</b>				14. NAME OF HUSBAND OR WIFE <b>George W. Blythe</b>			
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>None</b>		17. INFORMANT Address <b>Mrs. Campbell white St. Louis, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis &amp; Mitral Stenosis.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Don't Know</b>			
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <b>Don't Know.</b>											
DUE TO (c) <b>4222</b>											
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Infected, draining out maxillary glands</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <b>none</b>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>_____</b>								
20c. TIME OF INJURY Hour Month, Day, Year <b>none</b>											
20d. INJURY OCCURRED WHILE AT WORK <b>none</b>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Nevada Vernon Mo</b>					
21. I attended the deceased from <b>Mar 29</b> to <b>Apr 30 1958</b> and last saw her alive on <b>Apr 29 - 1958</b> . Death occurred at <b>6 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>W. Love MD</b> (Degree or title)						22b. ADDRESS <b>Nevada Mo</b>			22c. DATE SIGNED <b>5-5-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			23b. DATE <b>May 3, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>			23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>			
24. FUNERAL DIRECTOR <b>Ferry Funeral Home, Nevada, Mo.</b> ADDRESS						25. DATE RECD. BY LOCAL REG. <b>5-6-1958</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>			

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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 *B. J. Lindley* .....  
Licensed Embalmer No. *4820* .....  
P. O. Address *Kenada, Va.* .....

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.