URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960

-60-037888
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4115 Registrar's No. 97

NDED

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin — Length of stay in 1b Most of Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cox Rest Home — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Samuel Middle Greenberry Last Blythe
4. DATE OF DEATH Month October Day 10 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-19-1873
9. AGE (last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Labor
11. BIRTHPLACE (City and state or country) Daviess Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Blythe
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Cora Blythe, (Dec'd)
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. None
17. INFORMANT Address Mrs. Nellie Calhoun, Gallatin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrall Hemm orrhage	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension arterial Sclerosis	2 yr
DUE TO (c)	prostate disease, nephritis	1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
broken it hip aug 15 in fall.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 1955, to Oct 10 and last saw her/him alive on Oct 10 - 1960
Death occurred at 9:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Bailey DD
22b. ADDRESS Gallatin Mo
22c. DATE SIGNED 10-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-1960
23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery
23d. LOCATION (City, town, or county) (State) Gallatin, Mo.

24. FUNERAL DIRECTOR L.O. Nickerson ADDRESS Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 15 Oct. 1960
26. REGISTRAR'S SIGNATURE Virgil M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin

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