

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR. 15 1954

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland R.f.d.		d. STREET ADDRESS (If rural, give location) Ashland R.F.D.			

3. NAME OF DECEASED a. (First) Martha			b. (Middle) Susan			c. (Last) Blythe			4. DATE OF DEATH (Month) (Day) (Year) March 9 1954		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 5 1879		9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 74 3 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri			

13a. FATHER'S NAME Horace Nichols			13b. MOTHER'S MAIDEN NAME Mary Glennon			14. NAME OF HUSBAND OR WIFE Wm Blythe		
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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) No		16. SOCIAL SECURITY NO. 4		17. INFORMANT'S SIGNATURE OR NAME Ashley Blythe Ashland Mo		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension					
		DUE TO (c) Arterio Sclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb. 20th, 1954, to March 9, 1954, that I last saw the deceased alive on March 7th, 1954, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Subban D.O.		23b. ADDRESS Ashland, Mo.		23c. DATE SIGNED 3/9/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 10 1954		24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant Cemt.		24d. LOCATION (City, town, or county) (State) Boone Co. Missouri	
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DATE REC'D BY LOCAL REG. 3/12/54		REGISTRAR'S SIGNATURE Mrs. Mabel Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Burnett		ADDRESS Ashland, Mo.	
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APR 5 1954

MAR 18 1954

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 W. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashtland, Mo.

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.