

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **10927**  
Registrar's No. **13**

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **4508**

1040

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

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena - mo. Inph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1040</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>C</b> c. (Last) <b>Blythe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 1 1954</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan 25 - 1872</b>
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days <b>82-1-6</b>		9. AGE (In years if UNDER 1 YEAR last birthday) Months Days <b>82-1-6</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Stone Co</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Henry Cagle</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bentley</b>	
14. NAME OF HUSBAND OR WIFE <b>and Blythe (Deed)</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'S SIGNATURE OR NAME <b>Mrs. Ladd Hinchell - Galena mo</b>			
17. ADDRESS <b>Galena mo</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES <b>Essential hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential hypertension</b> DUE TO (c) 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 <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1944</b> to <b>1954</b> , that I last saw the deceased alive on <b>1954</b> , 1954, and that death occurred at <b>3:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. J. ... M.D.</b> (Degree or title)		23b. ADDRESS <b>Galena mo</b>	
23c. DATE SIGNED <b>20 Mar. 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 5 - 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Galena mo</b>		24d. LOCATION (City, town, or county) (State) <b>Galena mo</b>	
DATE REC'D BY LOCAL REG. <b>March 4 - 54</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ernest G. Cheatham</b>		ADDRESS <b>Galena mo</b>	

**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 Everett J. Heath

Licensed Embalmer No. 3870

P. O. Address Halena 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.