

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-810516

STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 57

300

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1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institutions, Residence before a. STATE Missouri b. COUNTY Laclede)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldridge T.S.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eldridge, Mo.		Length of stay in lb 30 Yrs.	d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SNOWDIE Middle P Last BLYTE			4. DATE OF DEATH Month March Day 28 Year 1958		
5. SEX Male O	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 13, 1878	9. AGE (In years of last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Blythe	
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. 495-40-5418		17. INFORMANT Address Mrs. Emma Blythe, Eldridge, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Arteriosclerosis of the Heart with acute coronary infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. ---			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 Mar 25-28 to Mar-28 and last saw her alive on March 25-28 Death occurred at 2:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) Thomas A. Wayland M.D.			22b. ADDRESS Camden Mo		22c. DATE SIGNED 3-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/30/58	23c. NAME OF CEMETERY OR CREMATORY Hufft Cemetery		23d. LOCATION (City, town, or county) (State) Laclede County Missouri	
24. FUNERAL DIRECTOR ADDRESS S. R. Palmer Lebanon Mo.			25. DATE RECD. BY LOCAL REG. 3-30-1958	26. REGISTRAR'S SIGNATURE Hella L. Hays	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature as given to no symptoms. All diseases in Part I must be causally related.

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Received APR 7 1958
Laclede County Health Unit
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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 S. R. Palmer

Licensed Embalmer No. 2208
P. O. Address Lebanon

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.