MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046899
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

FILED DEC 30 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0047
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Length of stay in 1b: 1day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Audrain Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Audrain
c. CITY OR TOWN: R.F.D.#1 Mexico — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D.#1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Henry Last: Blythe
4. DATE OF DEATH: Month: December Day: 24 Year: 1963
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-12-1867
9. AGE (last birthday): 96 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming (stock)
11. BIRTHPLACE (City and state or country): Audrain County
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Milton Blythe
13b. MOTHER'S MAIDEN NAME: Sarah Ann Shock
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi[illegible]): no
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mary Eva Blythe, R.F.D#1 Mexico, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 Dec 22 1963, to Dec 24 1963 and last saw her/him alive on Dec 24 1963
Death occurred at 4 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O L Garcia MD
22b. ADDRESS: Mexico Mo
22c. DATE SIGNED: 12/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Dec.27,1963
23c. NAME OF CEMETERY OR CREMATORY: Salt River Cemetery
23d. LOCATION (City, town, or county) (State): Audrain County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Precht Funeral Home, Mexico, mo.
25. DATE RECD. BY LOCAL REG.: Dec. 26-1963
26. REGISTRAR'S SIGNATURE: Alberta Edmonds

(Licensed Embalmer's Statement on Reverse Side)

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 Delbert A. Eaber

Licensed Embalmer No. 5231

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.