

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29786

State File No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>3006</u> Registrar's No. <u>268</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>			STREET ADDRESS (If rural, give location) <u>1205 Walnut St.</u> <u>010</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEVERLY</u>		b. (Middle) <u>PRICE</u>	c. (Last) <u>BLYPHE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Manufacturer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Blythe</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Biggs</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Alice Sapp Blythe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Beverly P. Blythe, Columbia, Mo.</u>		
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) <u>Hypertensive Cardiovascular Disease with Terminal Cerebral Apoplexy</u> ANTECEDENT CAUSES <u>Due to (b)</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (c)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-3 X</u>				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)	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 <u>8-10-1954</u> to <u>9-30-1954</u> , that I last saw the deceased alive on <u>9-29-1954</u> , and that death occurred at <u>9:50A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James A. Atkins M.D.</u>		23b. ADDRESS <u>510a Cherry Columbia Mo.</u>		23c. DATE SIGNED <u>10.1.54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 4 1954</u>	REGISTRAR'S SIGNATURE <u>Edith A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Service, Columbia, Mo</u>		ADDRESS	

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

OCT 13

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.....
Licensed Embalmer No. 489
P. O. Address Columbia

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