

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15595

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 24 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105
d. FULL NAME OF HOSPITAL OR INSTITUTION 605 W. Ash			d. STREET ADDRESS (If rural, give location) 605 W. Ash 0		

3. NAME OF DECEASED (Type or Print) a. (First) NANNIE b. (Middle) DAVENPORT c. (Last) PARMER			4. DATE OF DEATH (Month) (Day) (Year) May 9 1951		
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5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 28 1865		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Boone Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME John Cook		13b. MOTHER'S MAIDEN NAME Nancy Ann Davenport		14. NAME OF HUSBAND OR WIFE J. S. Parmer	
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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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Parmer Columbia, Mo.			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage  ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) 331 X	
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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?
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22. I hereby certify that I attended the deceased from 3-12-50 to 5-9-51, that I last saw the deceased alive on 5-8-51, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roland P. Sadunow M.D.		23b. ADDRESS 16 N. 10th Columbia		23c. DATE SIGNED 5-9-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11 1951	24c. NAME OF CEMETERY OR CREMATORY Columbia Cem.	24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
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DATE REC'D BY LOCAL REG. May 10 1951	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 91		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parber Funeral Service Co. Columbia Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-15-51 .....

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*M. A. Whitehead*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address *Columbia 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.