

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7734**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone <i>0105</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY OR TOWN Columbia	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Schmidt Nursing Home, 505 Rogers St.		e. STREET ADDRESS (If rural, give location) 505 Rogers St.	
3. NAME OF DECEASED (Type or Print) a. (First) JENNETTIE b. (Middle) O'REAR c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i>	8. DATE OF BIRTH March 26, 1860
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Missouri <i>0</i>
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Sugett	
13b. MOTHER'S MAIDEN NAME Frances O'Rear		14. NAME OF HUSBAND OR WIFE William Tandy O'Rear	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R.O. Southard, Columbia, Mo.			

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		10 min
	ANTECEDENT CAUSES DUE TO (b) Chronic bronchitis DUE TO (c) Bronchial asthma		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rectal hernia		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	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) (Min.)	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 July, 1950 to Mar 31, 1954 that I last saw the deceased alive on Mar 27, 1954, and that death occurred at 1:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) LeRoy J. Miller M.D.	23b. ADDRESS 22 N. 8th Columbia	23c. DATE SIGNED 2 Apr 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery
24d. LOCATION (City, town, or county) (State) Callaway Co., Missouri.		

DATE REC'D BY LOCAL REG. Apr. 2 1954	REGISTRAR'S SIGNATURE Mrs R E Palmer	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia Mo
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(Licensed Embalmer's Statement on Reverse Side)

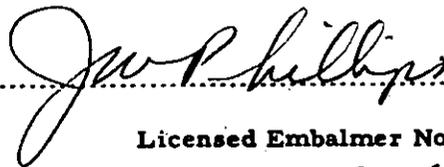
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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. 48

P. O. Address Columbia

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.