

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **161**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006 Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Boone 4			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN McBaine	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Schmidt Nursing Home			STREET ADDRESS (If rural, give location) Route #1 0100		
3. NAME OF DECEASED (Type or Print) a. (First) Riller		b. (Middle) _____	c. (Last) Nunnelly	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 10, 1859	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sidney Hopper		13b. MOTHER'S MAIDEN NAME Eliza Little		14. NAME OF HUSBAND R. H. Nunnelly, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ina Grooms, Columbia, Missouri		
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) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 day
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 491X			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 Feb 4 , 1955, to Feb 5 , 1955, that I last saw the deceased alive on Feb 5 , 1955, and that death occurred at 3:00 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. Roy Miller M.D.		23b. ADDRESS 22 N. 8th Columbia		23c. DATE SIGNED Feb 7, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Nashville	24d. LOCATION (City, town, or county) (State) McBaine Mo. Route #1		
DATE REC'D BY LOCAL REG. Feb 7, 1955	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Memorial Funeral Home, Columbia, Mo.		

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

(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 emb

by me, ~~my~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lymant H. Sprinkle*

Licensed Embalmer No. *401*

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.