

FILED JUL 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22053**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 181			
1. PLACE OF DEATH a. COUNTY Boone				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 township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) Smarr Drive			
d. FULL NAME OF HOSPITAL OR INSTITUTION Smarr Drive				d. STREET ADDRESS (If rural, give location) Smarr Drive					
3. NAME OF DECEASED (Type or Print)		a. (First) OLLIE		b. (Middle) LENA		c. (Last) WREN		4. DATE OF DEATH (Month) (Day) (Year) July 8, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 19, 1869		9. AGE (In years last birthday) OF UNDER 1 YEAR Months Days OF UNDER 1 WEEK Hours Min. 82 3 19	
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 (State or foreign country) Boone County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Isaac Green			13b. MOTHER'S MAIDEN NAME Sarah (unknown)			14. NAME OF HUSBAND OR WIFE Abner Wren			
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 Mrs. Paul Nichols, Smarr Drive, Columbia,					ADDRESS
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 Apoplexy, Cerebral Arteriosclerosis,						INTERVAL BETWEEN ONSET AND DEATH 4 da 20+ yrs	
		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X						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 5, 1951 , to July 8, 1951 , that I last saw the deceased alive on July 7, 1951 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Smith Atkins M.D.				23b. ADDRESS 506 Cherry Columbia			23c. DATE SIGNED 7/9/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri			
DATE REC'D BY LOCAL REG. July 10, 1951		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service Columbia Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

105
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RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-17-51

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 _____

J. W. Phillips

working under my personal supervision.

Student Embalmer No.

Signed *Joseph W. Phillips*
Student Embalmer

Signed *Tom McHarg*

Licensed Embalmer No. *4067*

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