

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 80

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) Columbia	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Columbia 0125	
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 McAlester St.		d. STREET ADDRESS (If rural, give location) 500 McAlester St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) NANCY	b. (Middle) MAY	c. (Last) HOMSLEY	4. DATE OF DEATH March 21, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 27	IF UNDER 24 HRS. Hours Min.
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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) Elsah, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Tobias Emery Henry	13b. MOTHER'S MAIDEN NAME Mary M. Calkins	14. NAME OF HUSBAND OR WIFE Eugene V. Homsley
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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. -----	17. INFORMANT'S SIGNATURE OR NAME Eugene V. Homsley, Columbia, Mo.	ADDRESS
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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, ashenia, 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) <u>Cerebrovascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 Mar 6, 1952 to Mar 21, 1952, that I last saw the deceased alive on Mar 20, 1952 and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Palmer M.D.</u>	23b. ADDRESS <u>Columbia</u>	23c. DATE SIGNED <u>24 Mar. 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 23, 1952	24c. NAME OF CEMETERY OR CREMATORY Bonne Femme Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.
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DATE REC'D BY LOCAL REG. Mar 24 1952	REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31-0	25. FUNERAL DIRECTOR'S SIGNATURE Parsons Funeral Service, Columbia Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed

Clarence T. Bello

Licensed Embalmer No. *4375*

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.