

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14891**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 136

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>Columbia</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>3 1/2</u> | | e. STREET ADDRESS (If rural, give location) <u>411 N. 8th St.</u> 0103 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 N. 8th St.</u> | | | |

| | |
|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>DAVIS</u> c. (Last) <u>NEVINS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1954</u> |
|--|--|

| | | | | | | | | |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------|-------------------------|-------------------------|------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 29, 1861</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------|-------------------------|-------------------------|------------------------|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Missouri.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>Braxton Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>John B. Nevins</u> |
|---|--|---|

| | | |
|--|-------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed Crawford, Columbia, Mo.</u> 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, 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 _____ | 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) <u>331X</u> |
|--|--|--|

| | | |
|---|--|----------------------------------|
| 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 Nov 13, 1950, to May 10, 1954, that I last saw the deceased alive on Apr 24, 1954, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

| | | |
|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>LeRoy J. Miller M.D.</u> | 23b. ADDRESS <u>Guitar Bldg Columbia</u> | 23c. DATE SIGNED <u>12 May 54</u> |
|--|--|-----------------------------------|

| | | | |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 12, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u> |
|---|-------------------------------|--|--|

| | | | |
|---|--|---|---------------|
| DATE REC'D BY LOCAL REG. <u>May 12 1954</u> | REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u> | 31- FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo</u> | ADDRESS _____ |
|---|--|---|---------------|

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 *Thomas L. [Signature]*.....

Licensed Embalmer No..... *412*

P. O. Address *Calumet*

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.