

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10991**

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>88</b>			
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Columbia</b>			c. LENGTH OF STAY (in this place) <b>35 yrs</b>		c. CITY OR TOWN <b>Columbia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>501 West Broadway</b>				STREET ADDRESS (If rural, give location) <b>501 West Broadway</b>				<b>01050</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ZENO</b>		b. (Middle) <b>NASH</b>		c. (Last) <b>STREETER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 9, 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 10, 1880</b>		9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wire Chief for Missouri Telephone Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Benton County, Indiana.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Streeter</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Jane Seeley</b>			14. NAME OF HUSBAND OR WIFE <b>Emma Hatton Streeter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Z.N. Streeter, Columbia, Mo.</b>				
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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>  <b>years</b>  <b>years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>4/9</b> , 19 <b>55</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1 P.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Henry H. Sweet</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Columbia, Mo.</b>				23c. DATE SIGNED <b>4/9/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 11, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laddonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Laddonia, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>April 11 1955</b>		REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer</b>		31 _____		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <b>Parker Funeral Service, Columbia, Mo.</b>			

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

APR 19 1955

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 *M. J. Phillips*.....

Licensed Embalmer No. *38*.....

P. O. Address *Columbus*.....

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.