

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048030

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 147

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|---|
| 1. FILED DEC 18 1962 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Ray</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> | | c. CITY OR TOWN <u>Richmond</u> | |
| Length of stay in lb <u>16 years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>111 S. Institute St.</u> | | d. STREET ADDRESS (If outside, give location) <u>111 S. Institute St.</u> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First <u>FLORA</u> Middle <u>OPAL</u> Last <u>NELSON</u> | | Month <u>December</u> Day <u>9</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/5/1904</u> |
| 9. AGE (last birthday) <u>58</u> | | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u> | 11. BIRTHPLACE (City and state or country) <u>Macon County, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Harvey B. Barnes</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Esther Pritchard</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles Nelson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Charles Nelson, Richmond, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Respiratory failure.</u> | | | <u>None</u> |
| DUE TO (b) <u>acute pneumonia & fever.</u> | | | <u>2 days.</u> |
| DUE TO (c) <u>Polio & Paralysis quiescent 1958.</u> | | | <u>1958</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY | Hour | Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>July 60</u> to <u>Dec 9-62</u> and last saw her alive on <u>Dec 9-62</u> | | | |
| Death occurred at <u>10:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Richmond, Mo.</u> | 22c. DATE SIGNED <u>12/12/1962</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 12, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Thurman Funeral Home, Richmond, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-15-1962</u> | 26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> |

DEC 19 1962

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,

~~XXXXXX~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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