

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26019**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Dubuque</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dubuque</u>	
c. LENGTH OF STAY (In this place) <u>16 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1671 Avoca St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>(NONE)</u>	c. (Last) <u>Nelson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11, 1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ass't. Assessor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dubuque County</u>	11. BIRTHPLACE (State or foreign country) <u>Keywest, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Maloney</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Nelson</u>	ADDRESS <u>Dubuque Iowa</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 1/2 hrs</u>  <u>58166</u> <u>24</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Skull fracture base 2) Cervical injury 3) Heart - multiple fracture 3 ribs. 3) Lung contusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Suicide Homicide Accident US Highway 54</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>Aug. 13 1949 10 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident - CMV</u>
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22. I hereby certify that I attended the deceased from Aug 13, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 13, 1949, and that death occurred at 4 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry J. O'Brien M.D.</u> (Degree or title)	23b. ADDRESS <u>111 E. Monroe - Plevin Mo.</u>	23c. DATE SIGNED <u>8-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dubuque, Iowa</u>	24d. LOCATION (City, town, or county) (State) <u>Dubuque, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 14-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Curran</u>	ADDRESS <u>Mexico, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 22 1949  
District Health Officer No. 10  
District File Number 8-49-1441  
Date Filed AUG 22 1949

**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.

Signed Cliff Arnold

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3569

P. O. Address Milwaukee Wis

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.