

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2548</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		<u>2018</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>200 WEST 70TH STREET TERRACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT E.</u> b. (Middle) _____ c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-6-1950</u>				
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>5-20, 1872</u>	
9. AGE (In years last birthday) <u>72 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED YEARS FARMER NEAR STURGEON BAY WIS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STURGEON BAY WISCONSIN</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chas. Lawrence NELSON</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza B. Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ADELE F. NELSON</u>	
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>399-18-9051</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ADELE F. NELSON</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lower part of esophagus</u> and cardiac end of stomach DUE TO (b) <u>do not know</u> DUE TO (c) _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
19a. DATE OF OPERATION <u>5/27/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lower part of esophagus and cardiac end of stomach</u>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May 22, 1950</u> , to <u>June 6, 1950</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>June 6, 1950</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Graham</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>518 Arroyo Bldg. K.C. Mo</u>		23c. DATE SIGNED <u>6/7/50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>6-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bayside Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sturgeon, Wisc.</u>	
DATE REC'D BY LOCAL REG. <u>6-8-50</u>		REGISTRAR'S SIGNATURE <u>A. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcome's Sons</u>		ADDRESS <u>1731 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Doyle L. Daniel*

Signed.....

Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, Miss.*

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.