

31254

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 18 1950

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. <u>5906</u>		Registrar's No. <u>109</u>		
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wardell</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wardell</u>			<u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1 Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dwight</u>		b. (Middle) _____		c. (Last) <u>Nelson</u>		
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>9,</u>		(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Nov. 30, 1948</u>		9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 12 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Johnnie Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Theressa T. Allen</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theressa Nelson Wardell, Mo.</u>		ADDRESS <u>R. 1</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned Up In House Fire</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					<u>13911.0</u> <u>1b</u>		
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wardell, Pemiscot, Mo.</u>				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>9-9-50 2 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>Burned Up In House Fire</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James A. Osburn</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Wardell, Mo.</u>		23c. DATE SIGNED <u>9-9-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wardell</u>		24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-15-50</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u> <u>406</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osburn Funeral Home</u>		ADDRESS <u>Wardell, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

9-50-255

J. B. Beal, M. D.,  
Missouri Health Department  
Columbia, Missouri

SEP 10 1957

**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.....

Body Was Not Embalmed

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

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.