

FILED APR 10 1951

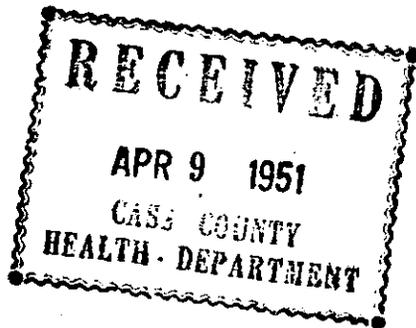
THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7797

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4105		Registrar's No. 40		
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cass				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Peculiar, Mo		c. LENGTH OF STAY (In this place) 15 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Peculiar, Mo. 0190				
d. FULL NAME OF HOSPITAL OR INSTITUTION Peculiar, Mo.				d. STREET ADDRESS Peculiar, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Lou c. (Last) Nelson			4. DATE OF DEATH (Month) (Day) (Year) March 31-51					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 28-1908		9. AGE (In years last birthday) 43		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harrisonville, Mo.		12. CITIZENRY OF WHAT COUNTRY? U.S. A.		
13a. FATHER'S NAME William H. Harper		13b. MOTHER'S MAIDEN NAME Nettie Shrow		14. NAME OF HUSBAND OR WIFE Joseph Nelson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Nelson Peculiar, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Emboli ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Addison's Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		274X		
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 April, 1948, to March 31, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 5 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Harry B. Neisner				23b. ADDRESS Harrisonville, Mo.		23c. DATE SIGNED 4-2-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-3-51	24c. NAME OF CEMETERY OR CREMATORY Wills		24d. LOCATION (City, town, or county) (State) Peculiar, Mo.			
DATE REC'D BY LOCAL REG. April 2, 1951		REGISTRAR'S SIGNATURE Laura J. Jones		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pleasant Hill, Mo.		

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

0190



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
Student Embalmer

Signed *Allen Burdick*

Licensed Embalmer No. 3785

P. O. Address *Clarendon Hill W.*

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.