

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1951

1003 State File No. 14537  
318 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No. 3810

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Turrellville (Big River)	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 0500			

3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Edward		c. (Last) Nevels		4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 51	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 19 1885	
9. AGE (In years last birthday) 66		F UNDER 1 YEAR Months		F UNDER 1 YEAR Days		F UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jefferson County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Nevels		13b. MOTHER'S MAIDEN NAME Nellie Burton		14. NAME OF HUSBAND OR WIFE Anna Nevels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Anna Nevels	
				ADDRESS	

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)		Retroperitoneal epidermoid carcinoma					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				Carcinomatosis	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 158X				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 197X			

22. I hereby certify that I attended the deceased from 3/19, 1951, to 4/20, 1951, that I last saw the deceased alive on 4/20, 1951, and that death occurred at 7:45 PM, from the causes and on the date stated above.

23a. SIGNATURE F.R. Bradlee		U (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/21/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 24 1951		24c. NAME OF CEMETERY OR CREMATORY Hether		24d. LOCATION (City, town, or county) (State) Hether Mo	
DATE REC'D BY LOCAL REG. APR 23 1951		REGISTRAR'S SIGNATURE J. P. Luster		25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Burtch		ADDRESS Hether Mo	

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

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

*Arnold B. ...*

Signed.....

Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Albany 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 this body is not embalmed, fact should be so stated above.