

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41146

330

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5387 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - Osage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Osage	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX		d. STREET ADDRESS (If rural, give location) near Howesmill	
3. NAME OF DECEASED a. (First) Joe b. (Middle) West c. (Last) Nelson			4. DATE OF DEATH (Month) (Day) (Year) 12/26/51
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH April 13/84
9. AGE (In years last birthday) 67		10. UNDER 1 YEAR Months	10. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY X	
11. BIRTHPLACE (State or foreign country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Bob Nelson		13b. MOTHER'S MAIDEN NAME Mary Anderson	
14. NAME OF HUSBAND OR WIFE Hattie Nelson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Hattie Nelson		ADDRESS Howesmill 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) leukemia - lymphatic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) WBC - 275,000/mm. ³ 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		19b. MAJOR FINDINGS OF OPERATION 2040	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-12-51, 1951, to 12-22-51, 1951, that I last saw the deceased alive on 12-22-51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. M. Stark, M.D.		23b. ADDRESS Salem, Mo.	
23c. DATE SIGNED 12-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE 12/27/51	
24c. NAME OF CEMETERY OR CREMATORY Ross Cemetery		24d. LOCATION (City, town, or county) (State) Ross Mo.	
DATE REC'D BY LOCAL REG. 12-27-51		REGISTRAR'S SIGNATURE M. M. Stark, M.D.	
5. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Paul H. Jensen

Licensed Embalmer No.

2370

P. O. Address

Salina, 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.