

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5465

State File No. _____

FILED MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 225 N. WALL

2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
d. STREET ADDRESS (If rural, give location) 927 W. A.

3. NAME OF DECEASED
a. (First) SENIGE b. (Middle) C c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year)
2, 25, 52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 7/20/1874

9. AGE (In years, leg. birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSE DUTY

10b. KIND OF BUSINESS OR INDUSTRY HOUSE DUTY

11. BIRTHPLACE (State or foreign country) STERLING, ILL

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME PAULA NELSON

13b. MOTHER'S MAIDEN NAME CHARLOTTE JOHNSON

14. NAME OF HUSBAND OR WIFE _____

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
Mrs Harry Basye R.R. 3 Joplin

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia
ANTECEDENT CAUSES (b) Fractured hip
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
2 da.
1-24-52

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
122

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 1-24, 1952 to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allie H. Wilson MD

23b. ADDRESS 1923 Sergeant

23c. DATE SIGNED 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2/28/52

24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEM.

24d. LOCATION (City, town, or county) (State) WEBB CITY MO.

DATE REC'D BY LOCAL REG. 2-28-52

REGISTRAR'S SIGNATURE Ed. D. James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. H. GLOVER YORK

(Licensed Embalmer's Statement on Reverse Side)

422 59X.

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

4-1-52

N. Wilson

RECEIVED 3-8-52
Jasper County Health Office
County File Number 52/3/172
Date Filed 3-8-52

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.....
Student Embalmer

Signed Dale Hoover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.