

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16150

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 549

1. PLACE OF DEATH
a. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural/Campbell Twsp. c. LENGTH OF STAY (in this place) 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ~~Springfield~~ Rural Taylor Tws.

d. STREET ADDRESS (If rural, give location) R.F.D. # 2, Strafford 0390

3. NAME OF DECEASED
a. (First) ANGIE b. (Middle) SARAH c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year)
June 4, 1952

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Nov. 4, 1937

9. AGE (In years last birthday) 14 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Missouri

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

13a. FATHER'S NAME Wendle Nelson

13b. MOTHER'S MAIDEN NAME Georgia

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Springfield ADDRESS Greene County Hospital Records, Missouri

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) Rheumatic myocarditis, acute
ANTECEDENT CAUSES Acute
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH unk.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
4012

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

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 May 16, 1952, to June 4, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 3:00 P.M. on June 4, 1952, from the causes and on the date stated above.

23a. SIGNATURE James R. Thomas, M.D. (Name or title)

23b. ADDRESS Springfield, Mo.

23c. DATE SIGNED 6/8/52

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

24b. DATE 8 June 1952

24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery

24d. LOCATION (City, town, or county) (State) Greene County, Missouri

DATE REC'D BY LOCAL REG. 6/6/52

REGISTRAR'S SIGNATURE Edith Williamson Registrar

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Thiew, Springfield, Missouri

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

390
0

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

Ralph A. Linn

Licensed Embalmer No.

3681

P. O. Address

Springfield, Mass

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.