

REC'D AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25096**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **241**

1. PLACE OF DEATH a. COUNTY MARION 0644		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL 0644	
c. LENGTH OF STAY (in this place) 9 mos.		d. STREET ADDRESS (If rural, give location) 1820 MILL ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1820 MILL ST.			

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) B. c. (Last) NELSON			4. DATE OF DEATH (Month) (Day) (Year) 7-21-1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARION COUNTY	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME HENRY SHARKEY		13b. MOTHER'S MAIDEN NAME CAROLINE WALTER		14. NAME OF HUSBAND OR WIFE WM. F. NELSON - (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Henry Nelson ADDRESS Hannibal, Mo	

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) Atherosclerosis Heart Disease		DUE TO (b) _____			2 yrs.
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage					2 yrs.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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) (m.)		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 **7/11**, 19**51**, to **7/21**, 19**52**, that I last saw the deceased alive on **7/15**, 19**52**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph Clain Hannibal, Mo (Degree or title)		23b. ADDRESS		23c. DATE SIGNED 7-29-52	
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 7-24-52		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	
24d. LOCATION (City, town, or county) PALMYRA, MO					

DATE REC'D BY LOCAL REG. 7-30-52		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE Ralph Clain Hannibal, Mo ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **AUG 12 1952**
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 1952

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.....

Ralph Clark

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph Clark

Signed.....
Student Embalmer

Licensed Embalmer No. *4217*

P. O. Address *Herndon, Va*

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.