

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27369

State File No. _____

S. No. 300
V. 10.48

AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>											
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (If in place) <u>3dys</u>	c. CITY OR TOWN <u>Sedalia</u>		<u>0.004</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			d. STREET ADDRESS (If rural, give location) <u>322 North Brown St</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u> b. (Middle) <u>L.</u> c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16 1952</u>											
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>24 Nov 1867</u>	9. AGE (In years last birthday) <u>84</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 5 YEARS</td> <td># UNDER 10 YRS.</td> </tr> <tr> <td><u>8</u></td> <td><u>22</u></td> <td></td> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 5 YEARS	# UNDER 10 YRS.	<u>8</u>	<u>22</u>		Months	Days	Hours
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<u>8</u>	<u>22</u>													
Months	Days	Hours												
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Imperfect Chemicals, Inc.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>									
13a. FATHER'S NAME <u>Uuk</u>		13b. MOTHER'S MAIDEN NAME <u>Uuk</u>	14. NAME OF HUSBAND OR WIFE <u>Frieda B. Nelson</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Uuk</u>		16. SOCIAL SECURITY NO. <u>Uuk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u> ADDRESS <u>Fulton, Mo</u>											
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) <u>Senile Psychosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia, Act. Ac. H. Dis</u>				INTERVAL BETWEEN ONSET AND DEATH									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>			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 <u>13 Aug</u> , 1952, to <u>16 Aug</u> , 1952, that I last saw the deceased alive on <u>16 Aug</u> , 1952, and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.														
23a. SIGNATURE <u>G.S. Waraich</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>16 Aug 52</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>8-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>											
DATE REC'D BY LOCAL REG. <u>8-18-52</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^s Laughlin Bros</u> ADDRESS <u>Sedalia Mo</u>											

(Licensed Embalmer's Statement on Reverse Side)

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

5143
2

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 _____

K.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.