

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39433**
Registrar's No. **52**

ED DEC 15 1952

REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5754**

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dry Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dry Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Elizabeth	
c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) 12 5 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/28/1870
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR 4 Months	IF UNDER 24 HRS. 7 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Martin Copeland	
13b. MOTHER'S MAIDEN NAME Mary Parker		14. NAME OF HUSBAND OR WIFE John Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Perry Martin, Dixon, Missouri		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobular pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		490X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) X	(COUNTY) X (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X X X X_m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from Dec 1, 1952 , to Dec 5, 1952 , that I last saw the deceased alive on Dec 5, 1952 , and that death occurred at 8:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. Conley Bates D.O.		23b. ADDRESS Dixon, Missouri	23c. DATE SIGNED 12-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/7/1952	24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery	24d. LOCATION (City, town, or county) (State) Maries County, Missouri
DATE REC'D BY LOCAL REG. 12-12-52	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri ADDRESS	

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.....

December 5- 1957

working under my personal supervision.

Student Embalmer No.....

Signed *Fred W. Gilbert*

Signed.....
Student Embalmer

Licensed Embalmer No. *8341*

P. O. Address *Nixon 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.