

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4199

10.48

FILED JAN 5 1953

BIRTH. NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 2019 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (In this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) Lilbourn 0920		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Mem. Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Herol b. (Middle) G. c. (Last) Nesselrodt			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1904		9. AGE (In years last birthday) 48 of UNDER 1 YEAR Months Days of UNDER 24 Hrs. Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Eddieville, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Jim Nesselrodt		13b. MOTHER'S MAIDEN NAME Delcie W. Whiteside	14. NAME OF HUSBAND OR WIFE Mildred Nesselrodt		
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Nesselrodt Lilbourn, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Skull Fractures ANTECEDENT CAUSES Sustained in automobile accident 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 16 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) Independence (COUNTY) Dunklin (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23 1952 24	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile struck bridge.			
22. I hereby certify that I attended the deceased from Dec 23, 1952 , to Dec 23, 1952 , that I last saw the deceased alive on Dec 23, 1952 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Herol Nesselrodt M.D.			23b. ADDRESS Kennett Mo		23c. DATE SIGNED 12/26/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem.	24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri		
DATE REC'D BY LOCAL REG. 12-31-1952	REGISTRAR'S SIGNATURE Carl Thompson	25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home	ADDRESS Lilbourn, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

0352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT..... 1-2-53

COUNTY FILE NUMBER ~~5506~~

153-356

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

Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilbourn, 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.