V.S. No.300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43088

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1601 Registrar's No. 6009

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas (City)
b. COUNTY: Johnson
c. CITY OR TOWN: Overland Park
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8140 Overland Park Drive 8150 8

3. NAME OF DECEASED (Type or Print): a. (First) Ollie b. (Middle) Nels c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year): December 21, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 28, 1861
9. AGE (In years last birthday): 92 — 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): Retired - 30 Years
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (City and State or Foreign Country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Nels Nelson
13b. MOTHER'S MAIDEN NAME: Ellen Unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Anna Nelson

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.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Ellen M. Colin, 8140 Overland Pk. Dr., Overland Park, Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2. Arteriosclerotic Heart Disease
1. Cerebral Hemorrhage
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Arteriosclerosis
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: 4 200

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 12-12, 1953, *to* 12-20, 1953, *that I last saw the deceased alive on* 12-20, 1953, *and that death occurred at* 8:55A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. W. Bradford (Degree or title) M.D.
23b. ADDRESS: 9209 W 80 Overland Park Ks
23c. DATE SIGNED: 12-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 23, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 12-23-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: O. H. Newcomer's Son, 1331 Brush Creek, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

HE 4367

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.....
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.