

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4557

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY GREENE CO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WEBSTER CO.	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD MO.		c. CITY (If outside corporate limits, write RURAL and give township) SEYMOUR MO.	
c. LENGTH OF STAY (In this place) 5 DAYS		d. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			

3. NAME OF DECEASED (Type or Print) NIELS OLE NIELSEN			4. DATE OF DEATH (Month) (Day) (Year) 2-3-54	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-3-1882	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		11. BIRTHPLACE (City and State or Foreign Country) DENMARK
10a.		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-30-2627		17. INFORMANT'S SIGNATURE OR NAME ANNAM NIELSEN SEYMOUR 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS ANTECEDENT CAUSES ARTERIOCLAR NEPHROSCHEROSIS DUE TO (b) DIABETES MELLITUS 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 1 WEEK YEARS

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) NONE		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 **2-8 1954**, to **2-13 1954**, that I last saw the deceased alive on **2-13 1954**, and that death occurred at **5:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Baul, M.D.		23b. ADDRESS 609 Cherry, Springfield Mo		23c. DATE SIGNED 2/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-15-54		24c. NAME OF CEMETERY OR CREMATORY SEYMOUR	
24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO		25. FUNERAL DIRECTOR'S SIGNATURE Robert Benjamin			

DATE REC'D BY LOCAL REG. 2-16-54		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Robert Benjamin	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Alon G. Farrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.