

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11675**

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 4180		Registrar's No. 18		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) Campbell		c. LENGTH OF STAY (In this place) 7 1/2		c. CITY (If outside corporate limits, write RURAL and give township) Campbell		d. STREET ADDRESS (If rural, give location) 02500 D		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home								
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) _____ c. (Last) NELSON			4. DATE OF DEATH (Month) (Day) (Year) Apr 27 1954					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Dec 20 1882		
9. AGE (In years) (If under 1 year last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) mo		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dan Nelson		13b. MOTHER'S MAIDEN NAME Sally Massey		14. NAME OF HUSBAND OR WIFE		
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. (NO) Unknown		17. INFORMANT'S SIGNATURE OR NAME Lee Nelson Campbell				
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) Gunshot wound of left chest - Self-inflicted - 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 976 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Campbell Dunklin mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Apr. 27 1954 6:30 P.M.		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted.				
22. I hereby certify that I attended the deceased from 4/24 , 19 54 , to 4/26 , 19 54 , that I last saw the deceased alive on 4/26 , 19 54 , and that death occurred at 6:30 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wallace A. Belsey M.D.				23b. ADDRESS Campbell mo.		23c. DATE SIGNED 4/29/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-29-54		24c. NAME OF CEMETERY OR CREMATORY New Hope Cem		24d. LOCATION (City, town, or county) (State) Kellard Ark		
DATE REC'D BY LOCAL REG. 4/30/54		REGISTRAR'S SIGNATURE Mrs. Pearl Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Kussell				
				ADDRESS Piggott Ark				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-3-54
COUNTY FILE NUMBER 554-132

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Lucy G. Tyler

Licensed Embalmer No. 4941 Mo

P. O. Address Osage Ark

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.