

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28241

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 264

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Macon</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Macon</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>Bourke St. Rd.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORENCE</b> b. (Middle) <b>RYTHER</b> c. (Last) <b>NELSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 1 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 12, 1889</b>	9. AGE (In years last birthday) <b>64</b>	10. 1 YEAR <b>1019</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Macon Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Frank M. Ryther</b>	13b. MOTHER'S MAIDEN NAME <b>Abigail Griffith</b>	14. NAME OF HUSBAND OR WIFE <b>John Wesley Nelson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Esther Blacklock</b>	ADDRESS <b>Macon, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of the pancreas</b> ANTECEDENT CAUSES <b>with metastasis of adenocarcinoma of the pancreas to the regional lymphnodes.</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>
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 <b>157 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **2/16/54**, 19**54**, to **8/1/54**, 19**54**, that I last saw the deceased alive on **7/30/54**, 19**54**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>C. L. Deussen</i>	(Degree or title)	23b. ADDRESS <b>Macon</b>	23c. DATE SIGNED <b>8-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/3/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomington</b>	24d. LOCATION (City, town, or county) (State) <b>Macon Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8/9/54</b>	REGISTRAR'S SIGNATURE <i>Ruth M. Neely</i>	185-0	MUNICIPAL DIRECTOR'S SIGNATURE <i>Wesley Bram</i>	ADDRESS <b>Macon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0611

RECEIVED 8.17.54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8.54.136  
Date Filed 8.19.54

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.

Signed *R. Lester Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address *Macon, Ga*

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.