

FILED SEP 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32869

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4539 Registrar's No. _____

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsville</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u> | |

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| 3. NAME OF DECEASED a. (First) LAST <u>Nelson</u> b. (Middle) FIRST <u>Robert</u> c. (Last) middle <u>Thomas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1954</u> | | |
|---|--|--|--|--|--|

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|-----------------|--|---------------------------|--|---|--|---------------------------------------|--|---|--|--------------------------------|--|---------------------------------|--|
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>JAN. 29, 1869</u> | | 9. AGE (In years last birthday) <u>85</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 100 HRS. Hours Min. | |
|-----------------|--|---------------------------|--|---|--|---------------------------------------|--|---|--|--------------------------------|--|---------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Overton County, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Robert Nelson</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARGARET</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ | |
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|---|--|---|--|--|--|--|--|
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardiovascular disease</u> | | | | | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advancing age</u> | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>1/221</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
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|--|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Robert Engelhardt MD</u> (Degree or title) | | 23b. ADDRESS <u>Poplar Bluff, Mo</u> | | 23c. DATE SIGNED <u>9/17/54</u> | |
|--|--|--------------------------------------|--|---------------------------------|--|

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| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-17-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catron Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Williamsville, Mo.</u> | |
|--|--|--------------------------|--|---|--|---|--|

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>9/25/54</u> | | REGISTRAR'S SIGNATURE <u>Gretta Ward</u> 460 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Russell</u> ADDRESS <u>Piggott, Ark.</u> | |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

1110

RECEIVED

SEP 29 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

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 _____

Orlie Rex Cate

Student Embalmer No. *379*

working under my personal supervision.

Student

Orlie Rex Cate
Student Embalmer

Signed

Leroy G. Tyler

Licensed Embalmer No. *1001 Ark*

P. O. Address

Piggott 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.