

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11332**

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> <u>6002</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Veterans Administration Hospital Excelsior Springs, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>715 Magnolia Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>P.</u> c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1955</u>				
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 20, 1897</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Prestonsburg, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harry Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Nelson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>527 30 2581</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital records</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema & hypostatic pneumonia lower lobes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				" <u>2 yrs.</u>	
		DUE TO (b) <u>Cor pulmonale</u>				Unknown	
		DUE TO (c) <u>Pulmonary fibrosis & emphysema</u>				Unknown	
II. OTHER SIGNIFICANT CONDITIONS ^{b-c} <u>Chronic fibroid pulmonary tuberculosis far advanced. Arterial & coronary atherosclerosis</u>		Conditions contributing to the death but not related to the disease or condition causing death.				-Approx 30 yrs. <u>Unknown</u>	
		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <u>VA</u> attended the deceased from <u>April 26, 1955</u> , to <u>April 30, 1955</u> , and that death occurred at 3:15 A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. J. Mantel</u> (Degree or title) <u>M. D., Acting Pathologist</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>May 2, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>J. C. Davis</u>		24d. LOCATION (City, town, or county) (State) <u>H. Leavenworth Kans</u>	
DATE REC'D BY LOCAL REG. <u>5/2/55</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u> :62		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mass Drum</u> ADDRESS <u>Emeron, Mo.</u>			

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Fairfax, 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.