

FILED JUN 7 1955

STANDARD CERTIFICATE OF DEATH

455 State File No. 15074

BIRTH NO.		REG. DIST. NO. 100	PRIMARY REG. DIST. NO. 5389	Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bunker		c. LENGTH OF STAY (in this place) TOWNSHIP yrs		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		e. STREET ADDRESS (If rural, give location) X 0830			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Nelson		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 5-20-55					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 24 -54	9. AGE (In years last birthday) 100	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Tenn	
12. CITIZEN OF WHAT COUNTRY? U S					
13a. FATHER'S NAME Joseph Nelson		13b. MOTHER'S MAIDEN NAME not available		14. NAME OF HUSBAND OR WIFE Not available	
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. X		17. INFORMANT'S SIGNATURE OR NAME Lloyd Cotrell Bunker 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses ANTECEDENT CAUSES DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Bronchopneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION f200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 I attended the deceased from May 6, 1955, to _____, 19____, that I last saw the deceased alive on May 6, 1955, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE B. J. Boss M.D.		23b. ADDRESS Salem Missouri		23c. DATE SIGNED 5/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-22-55		24c. NAME OF CEMETERY OR CREMATORY Parker Cem	
24d. LOCATION (City, town, or county) (State) Howemill Mo					
DATE REC'D BY LOCAL REG. 5-21-55		REGISTRAR'S SIGNATURE R. E. Mitchell, D. W. by A. E. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
				ADDRESS [Address]	

(Licensed Embelmer'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.....
Signature of Student Embalmer

Signed.....
Carl H. Johnson

Licensed Embalmer No. 23

P. O. Address.....
Delm

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.