

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13986

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5735 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Atlanta Jackson</u> c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Atlanta Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dead at Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rt 9 #1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank Eugene</u> b. (Middle) <u>Nelson</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 28 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>May 15 1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>0</u> IF UNDER 4 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wallace Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Crowley</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Weekly</u>		
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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amy Weekly Atlanta Mo</u>			
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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4341</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Sept 3 1955</u> to <u>Mar 28 1956</u> , that I last saw the deceased alive on <u>Mar 27 1956</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>O. L. Mookelard</u>		23b. ADDRESS <u>Atlanta Mo</u>		23c. DATE SIGNED <u>3-30-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 24 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Tabor</u>		
24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.M. Gooding Atlanta Mo</u>				
DATE REC'D BY LOCAL REG. <u>4/10/56</u>		REGISTRAR'S SIGNATURE <u>Ruth Mueely</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.4885
0

RECEIVED 4.18.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 45662
Date Filed 4.19.56

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 *H. M. Gooding*.....

Licensed Embalmer No. 1750

P. O. Address *Atlanta*.....

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.