

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23161**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo</b>		b. COUNTY <b>Caldwell</b>	
b. CITY OR TOWN <b>Cameron</b>		c. CITY OR TOWN <b>Rural</b>		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 <b>Community Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>2 1/2 mi S E Cameron</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fredrick</b> b. (Middle) <b>Grant</b> c. (Last) <b>Nelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 15 - 1956</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug 29 - 1887</b>		9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Caldwell Co Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John W<sup>m</sup> Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Reed</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Nelson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>W</b> (If yes, give war or dates of service) <b>V</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Nelson</b> ADDRESS <b>Cameron</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarct</b>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			

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) <b>4201</b>	
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 **July 16 - 1956** from **July 16 - 1956** to **July 17, 1956** that I last saw the deceased alive on **July 17, 1956** and that death occurred at **1055 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. O. Ober</b> (Degree or title)		23b. ADDRESS <b>D.O.F. Cameron, Mo</b>		23c. DATE SIGNED <b>July 19 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 20 - 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery Cameron</b>	
24d. LOCATION (City, town, or county) (State) <b>MO</b>		DATE REC'D BY LOCAL REG. <b>7-21-56</b>		REGISTRAR'S SIGNATURE <b>Wimfred W. Moser</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Robert Funeral Home</b>		ADDRESS <b>Cameron</b>			

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

90-

OCT 31 1956

JUN 19 1958

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 *Robert F. Paland*.....

Licensed Embalmer No. *477*  
*228 W*  
P. O. Address *Camino*.....

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.