

Health,  
Welfare  
Public  
Service

300  
1-56

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DATE 10-15-2010 BY 60322 UCBAW/STP/STP

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC-195 85 **FILED AUG 31 1956**  
RN 9207

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **26171**  
REGISTRAR'S NUMBER **428**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Willow Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in lb <b>426 days</b>	d. STREET ADDRESS <b>none</b>		(If outside, give location) <b>460</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First Middle Last</b> <b>GEORGE RUSSELL NELSON</b>			4. DATE OF DEATH <b>AUG. 10, 1956</b> Month Day Year		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-24-1897</b>	9. AGE (In years last birthday) <b>59</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>		11. BIRTHPLACE (City and state or country) <b>Loraine, Ill.</b>	
13. FATHER'S NAME <b>Edward Nelson</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
14. MOTHER'S MAIDEN NAME <b>Drucilla Aspy</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>		
16. SOCIAL SECURITY NO. <b>496-05-5127</b>		17. INFORMANT Address <b>VA Hospital Records</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Superior mesenteric artery thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Small bowel adhesions</b>					
DUE TO (c) <b>Hemoperitoneum.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>5702</b>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
<b>VA</b>		<b>VAH, Poplar Bluff, Mo.</b>		<b>Howell Missouri</b>	
21. I attended the deceased from <b>June 11, 1955 to Aug 10, 1956</b> Death occurred at <b>1:15 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>C. W. GASKINS, M.D., Chf. Surg Sv.</b>			22b. ADDRESS <b>VAH, Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>8-10-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<b>Burial</b>		<b>Aug. 13, 56</b>	<b>Willow Springs</b>		<b>Willow Springs Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Burns and Sons Willow Springs Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8/18/56</b> 26. REGISTRAR'S SIGNATURE <b>B. H. Muehleman</b>		

RECEIVED  
AUG 27 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 George W. Greer

Licensed Embalmer No. 296

P. O. Address Poplar Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.