

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

STATE FILE NUMBER **30883**
4169

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LEAWOOD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>DEAD ON ARRIVAL</u> INSTITUTION <u>Menorah Medical Center - Fern Hill</u>				Length of stay in 1b <u>Few Minutes</u>		d. STREET ADDRESS <u>9408 State Line</u>		
3. NAME OF DECEASED (Type or print) First <u>C.</u> Middle <u>Warren</u> Last <u>Nelson</u>				4. DATE OF DEATH Month <u>September</u> Day <u>21</u> Year <u>1956</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 24, 1899</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESIDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NELSON BROKERAGE CO.</u>		11. BIRTHPLACE (City and state or country) <u>SALINA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>J. ALBERT NELSON</u>				14. MOTHER'S MAIDEN NAME <u>HANNAH LINDBERG</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YAPTO</u> <u>W-W-1</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS. MILDRED NELSON 9408 STATE LINE LEAWOOD KANSAS</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>occlusion LEFT CORONARY ARTERY</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Ruptured atheromatous Plaque with Hemorrhage</u>				DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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		CITY _____ STATE _____		
21. I attended the deceased from <u>1935</u> to <u>Sept 1, 56</u> and last saw <u>her</u> <u>him</u> alive on <u>Sept 1, 56</u> Death occurred at <u>3:25 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Theresa Kelly M.D.</u> (Degree or title) <u>Fred Irwig M.D.</u>				22b. ADDRESS <u>1610 Profeta Bldg</u>		22c. DATE SIGNED <u>Sept 21/56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT. 24 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MC-MORIAN CEMETERY</u>		23d. LOCATION (City, town or county) (State) <u>KANSAS CITY MISSOURI</u>			
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS.</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>9-24-56</u>		26. REGISTRAR'S SIGNATURE <u>Neal Marshall</u>		

SEP 4 1917

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 *Everett L. Smith*

Licensed Embalmer No. *509*

P. O. Address *N.C.*

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.