

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34421

State File No.

FILED NOV 2 - 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>2572</u>		Registrar's No. <u>179</u>	
1. PLACE OF DEATH <u>JACKSON @ HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE TWP</u>		c. LENGTH OF STAY (In this place) <u>18 1/2 m-10</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOME FOR AGED</u>				d. STREET ADDRESS (If rural, give location) <u>2246 Denver</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>W</u>		c. (Last) <u>NELSON</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>21</u>		(Year) <u>1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>2-20-1885</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>8</u> Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>RED OAK, IOWA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>East High School</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nelse A. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Johnson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACKSON COUNTY HOME RECORDS-INDEX MO</u>			
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) _____		II. OTHER SIGNIFICANT CONDITIONS _____				_____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS _____				_____	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3-1</u> , 19 <u>54</u> to <u>10-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-21</u> , 19 <u>56</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward W. Langford M.D.</u>		23b. ADDRESS <u>Jackson County Home</u>		23c. DATE SIGNED <u>10-21-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-56</u>		REGISTRAR'S SIGNATURE <u>M.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home, Lee's Summit</u> ADDRESS <u>Mo.</u>			

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.....

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....

N. B. Langsdorf

Signed.....
Student Embalmer

..... Licensed Embalmer No. *4962*

..... P. O. Address *Leicester Summit, N.C.*

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 this body is not embalmed, fact should be so stated above.