

FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9198

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, #2, Leeton, Jefferson Twp. No. No</u>		c. CITY OR TOWN <u>R.R. No. 2, Leeton, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, R.R. 2, Leeton, 7yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. No. 2, Leeton, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ROBERT</u> Last <u>NELSON</u>			4. DATE OF DEATH Month <u>March</u> Day <u>30th.</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 22, 1903</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>31</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming,</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas,</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Andrew Dueback,</u>	
14. MOTHER'S MAIDEN NAME <u>Lula Kirk</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>490-09-2220</u>		17. INFORMANT Address <u>Mrs. Ruth Nelson, Leeton, Mo.</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>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>40 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>33ix</u>			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 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
21. I attended the deceased from <u>Jan 1954</u> to <u>3-30-57</u> and last saw <sup>star</sup> him alive on <u>3-30-57</u> Death occurred at <u>11:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Lee Cooper</u> M.D.		22b. ADDRESS <u>Warrensburg, Missouri.</u>	22c. DATE SIGNED <u>3-31-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>	23b. DATE <u>4-2-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauntinger, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/3/57</u>	26. REGISTRAR'S SIGNATURE <u>J. Cook</u>

(Licensed Embalmer's Statement on Reverse Side)

Health,  
& Welfare  
Public  
ServiceS. 300  
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securing the medical certification in the specific manner required by 193.140 WORKS 1957.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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