

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim Twp.</u>		c. CITY OR TOWN <u>Festus</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jeff. Memorial Hosp</u>		d. STREET ADDRESS <u>200 Benton Drive</u>	
3. NAME OF DECEASED (Type or print) <u>Un-named Baby Nelson</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>5</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 5, 1957</u>
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10f. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>0</u>
13. FATHER'S NAME <u>Marland Nelson</u>		14. MOTHER'S MAIDEN NAME <u>Irene C. Check</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>None</u>	
17. INFORMANT <u>Marland Nelson, 200 Benton Dr, Festus</u>		Address	
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>Pulmonary atelectasis, congenital</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Multiple congenital anomalies</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)			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
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 _____ 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 <u>Festus, Mo.</u>	
21. I attended the deceased from <u>12-5-57</u> , to <u>12-5-57</u> and last saw <u>him</u> alive on <u>12-5-57</u> Death occurred at <u>1:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F. L. Koyal, M.D.</u>		22b. ADDRESS <u>Crystal City, Mo.</u>	
22c. DATE SIGNED <u>12-10-57</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 8, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>		23d. LOCATION (City, town, or county) (State) <u>Festus., Mo.</u>	
24. FUNERAL DIRECTOR <u>Vinyard Funeral Home, Inc., Festus, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-57</u>	
26. REGISTRAR'S SIGNATURE <u>Paul B. Tipton</u>			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
DEC 17 1957

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 *Keith B. Vinson*.....

Licensed Embalmer No. *497*.....

P. O. Address *Festus*.....

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.