

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028012
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Berkeley 4001 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Katie Jane Home		Length of stay in 1b 26 mos.	d. STREET ADDRESS (If outside, give location) 4815 Corson Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Leora C. Nelson			4. DATE OF DEATH Month Day Year July 11, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27, 1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Carrollton, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Hord	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE James G. Nelson, decd.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Charles Baker Address 4815 Corson Rd. Berkeley 21, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis acute		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) arteriosclerosis heart disease in	
	DUE TO (c) Diure Psychosis in	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))		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.) 4200
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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
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21. I attended the deceased from May 20 1956 to July 11 1958 and last saw her alive on July 8 1958 Death occurred at 5:30 P. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lloyd Logan	22b. ADDRESS 4815 Corson Rd. Berkeley Mo	22c. DATE SIGNED 7-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-13-58	23c. NAME OF CEMETERY OR REPOSITORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.	25. DATE RECD. BY LOCAL REG. July 14, 1958	26. REGISTRAR'S SIGNATURE Lloyd Logan
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

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STATE OF MISSOURI
 DEPARTMENT OF HEALTH
 BUREAU OF PUBLIC HEALTH
 DIVISION OF ANATOMY AND PATHOLOGY
 CERTIFICATE OF EMBALMING
 No. _____
 Date of Embalming _____
 Name of Deceased _____
 Residence of Deceased _____
 Name of Student Embalmer _____
 Student No. _____
 Name of Licensed Embalmer _____
 License No. _____
 Address of Licensed Embalmer _____
 City _____ State _____
 Date of Embalming _____
 Name of Student Embalmer _____
 Student No. _____
 Name of Licensed Embalmer _____
 License No. _____
 Address of Licensed Embalmer _____
 City _____ State _____

JUL 17 1958

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 *John Thiburg*
 Licensed Embalmer No. 3897
 P. O. Address *Warrenton, Or*

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.