

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001152

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>West Plains</u> 0461 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>49 West 2nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Alvin</u> Middle <u>Bernard</u> Last <u>Nelson</u>			4. DATE OF DEATH Month <u>1</u> Day <u>5</u> Year <u>59</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 23, 1906</u>	9. AGE (In years last birthday) <u>52</u>	FUNDER 1 YEAR Months <u>9</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>McDonalville, Miss. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nels H. Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Larson</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Nelson</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)	16. SOCIAL SECURITY NO. <u>500-10-1906</u>	17. INFORMANT <u>Ethel Nelson</u> Address <u>West Plains</u>
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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) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>
DUE TO (b) <u>ATHERIOSCLEROSIS, CORONARY ARTERIES</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) <u>DIABETES Mellitus</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.) _____
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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 _____	COUNTY _____	STATE _____
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21. I attended the deceased from Death occurred at _____ <u>Dec 15, 58</u> to <u>Jan 5, 59</u> and last saw him alive on <u>1-5-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jack H. Wiley, M.D.</u>	(Degree or title)	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>1-29-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>1-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fowler Cem</u>	23d. LOCATION (City, town or county) (State) <u>West Plains Mo.</u>
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24. FUNERAL DIRECTOR <u>West Plains</u>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>2-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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All diseases in Part I must be causally related.

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 *Robert J. Magno*
Licensed Embalmer No. *4547*

P. O. Address

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.