

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001457
STATE FILE NUMBER
149

300
1-57

JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elm Nursing Home		Length of stay in institution 2 weeks	d. STREET ADDRESS (If outside, give location) 3718 College
3. NAME OF DECEASED (Type or print) First MAMIE Middle M. Last NELSON			4. DATE OF DEATH Month January Day 8, Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1882 October 4, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME G. H. Nelson		11b. MOTHER'S MAIDEN NAME Augusta Johnson	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. 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. 547-09-3432	14. NAME OF HUSBAND OR WIFE None
17. INFORMANT Mrs. Laura Holmes		Address 5330 Nell, Mission, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Disease DUE TO (c) Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebro-vascular sclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 year
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan-38 to Jan-59 and last saw her alive on Jan-2-59 Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl A. Brust (Degree or title)		22b. ADDRESS 106 W 14th St K.S., Mo	
22c. DATE SIGNED Jan-9-59		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 9, 1959	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Axtell, Kansas	
24. FUNERAL DIRECTOR FREEMAN MORTUARY, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 1-9-59	
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Carl A. Brust

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*
P. O. Address *K. C. Mo*

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.