

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008331
STATE FILE NUMBER

13

3003

43

FILED MAR 23 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp.		d. STREET ADDRESS (If outside, give location) 100 Bond	
3. NAME OF DECEASED (Type or print) First Middle Last Samuel Henry Nelson		4. DATE OF DEATH Month Day Year March 15, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-4-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Stone Co. Mo.
13a. FATHER'S NAME Jerome C. Nelson		13b. MOTHER'S MAIDEN NAME Nancy Short	14. NAME OF HUSBAND OR WIFE Ula Eliaz. Scott
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. 535-26-0297	17. INFORMANT Address Mrs. S. H. Nelson Monett, 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) Pulmonary Embolism DUE TO (b) Thrombophlebitis DUE TO (c) Cholecystectomy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) 586X			INTERVAL BETWEEN ONSET AND DEATH 20 hrs 48 hrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at 8-13-59 , to 3-15-59 and last saw him alive on 3-15-59 at 7:15a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. J. Swans MD		22b. ADDRESS Monett, Mo 63767	
22c. DATE SIGNED 3-16-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-1959	23c. NAME OF CEMETERY OR CREMATORY Osa Cemetery	23d. LOCATION (City, town, or county) (State) Barry Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Mercer Funeral Home Monett, Mo.		25. DATE RECD. BY LOCAL REG. 3-16-59	26. REGISTRAR'S SIGNATURE me P. Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DATE

3-19-59

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 *Roy H. Mercer*

Licensed Embalmer No. 4432

P. O. Address Monett, 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.