

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012205

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 73 yrs.	d. STREET ADDRESS (If outside, give location) 716 Fairgrounds
3. NAME OF DECEASED (Type or print) First Ethel Middle Mae Last Nelson			4. DATE OF DEATH Month April Day 25 Year 1959
5. SEX Female	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 July 21, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: Months 0 Days 43 IF UNDER 24 HRS.: Hours 0 Min. 0
11. BIRTHPLACE (City and state or country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alexander Kidd		13b. MOTHER'S MAIDEN NAME Lousia Manning	14. NAME OF HUSBAND OR WIFE J. E. Nelson
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 J. E. Nelson Address Mexico, 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) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			5 yrs
DUE TO (c) Diabetes Mellitus			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 265X			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.)	
20c. TIME OF INJURY Hour 12:30 Month Apr Day 25 Year 59 a.m. 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 Mexico COUNTY Missouri STATE Missouri
21. I attended the deceased from Death occurred at 12:30 A.M. 4/25/59		to April 25-59 and last saw her/him alive on April 24/59	
22a. SIGNATURE (Degree or title) H. A. Garrell D.O.		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 4/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 26, 59	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Mexico, Missouri		26. REGISTRAR'S SIGNATURE Blanche Neely	
24. FUNERAL DIRECTOR Precht-Hueston ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. April 26-1959	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. A. Garrell D.O. myrr. DO

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 *Thomas M. Emman Jr*

Licensed Embalmer No. *5064*

P. O. Address *Meriden, 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.