

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 2 4 6

FILED VS JAN - 4 1960

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 249

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Audrain</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>Ladonia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Bate</u> Middle <u>-</u> Last <u>Nelson</u>			Month <u>12-</u> Day <u>23-</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-8-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmithing</u>		11. BIRTHPLACE (City and state or country) <u>Hutchinson, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Richard J. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>King</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma (Glascock) Nelson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-38 0045</u>	
17. INFORMANT <u>Mrs. Emma Nelson</u>		Address <u>Ladonia, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Congestive Circulatory Failure</u>		<u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u>	<u>1 yr.</u>
	DUE TO (c) <u>Anterior Myocardial Infarction</u>	<u>5 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>10:30</u> a.m. Month, Day, Year <u>Dec. 23, 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <u>Ladonia, Missouri</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>

21. I attended the deceased from Nov. 25, 1959 to Dec. 23, 1959 and last saw ^{her} him alive on Dec. 21, 1959. Death occurred at Dec. 23, 1959; 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C. W. Lindany D.O.</u>		22b. ADDRESS <u>Ladonia, Missouri</u>		22c. DATE SIGNED <u>12-26-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-26-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>	23d. LOCATION (City, town, or county) <u>Ladonia, Missouri</u> (State)	
24. FUNERAL DIRECTOR <u>Wilbur Bienhoff</u>		ADDRESS <u>Ladonia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec-26-1959</u>
				26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 22 1960

STATEMENT BY LICENSED EMBALMER

JAN 5

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde C. Mickey

Licensed Embalmer No. 3820

P. O. Address Perry, Va

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.