

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-040915

FILED VS NOV 22 1960 4

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Twn		Length of stay in 1b 61 Yr		c. CITY OR TOWN Westboro	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital, Westboro, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 7 1/2 Mi West Westboro	
3. NAME OF DECEASED (Type or print) First Lee Middle Nels Last Nelson			4. DATE OF DEATH Month 10 Day -19 Year 1960		
5. SEX Male	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Farm Work		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Nels Nelson		13b. MOTHER'S MAIDEN NAME Mary Broermann	
14. NAME OF HUSBAND OR WIFE Dora 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. 498-40-5722		17. INFORMANT Address Mrs Dora Nelson Westboro, 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) Coronary occlusion & myocardial infarction DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 1 hr 20 min
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 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 _____ a.m. _____ p.m.		Month, Day, Year _____			
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 9/18/60 to 11/12/60 and last saw her alive on 2/25/60 Death occurred at approx 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ed Meyer M.D. (Degree or title)			22b. ADDRESS Yarkio Mo.		22c. DATE SIGNED 11/12/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov-13-1960	23c. NAME OF CEMETERY OR CREMATORY St Johns		23d. LOCATION (City, town, or county) (State) Westboro, Missouri
24. FUNERAL DIRECTOR Tucker Funeral Home ADDRESS Westboro, Mo		25. DATE RECD. BY LOCAL REG. Nov 21, 1960		26. REGISTRAR'S SIGNATURE Harvin W. ...	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Ashley R Tucker II, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, M

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.