

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041253

LED VS DEC 12 1960

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Camdenton</u>		Length of stay in 1b <u>6 years</u>	c. CITY OR TOWN <u>Camdenton</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		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) First <u>Harry</u> Middle <u>Brewer</u> Last <u>Nelson</u>	4. DATE OF DEATH Month <u>December</u> Day <u>8</u> Year <u>1960</u>
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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>March 2, 1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesmanager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Murphysboro, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Magnus Gustav Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Griffy</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Nelson</u>
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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>394-07-0322</u>	17. INFORMANT <u>Irene Nelson</u> Address <u>Camdenton, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Neurocirculatory Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <u>Metastatic Cancer</u>	<u>2 years</u>
	DUE TO (c) <u>Cancer of Prostate</u>	<u>2 years</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.)
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20c. TIME OF INJURY Hour <u>4:00</u> 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 <u>Camdenton, Missouri</u>	20g. COUNTY <u>Missouri</u>	20h. STATE <u>Missouri</u>
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21. I attended the deceased from <u>8-15-59</u> to <u>12-7-60</u> and last saw him ^{max} alive on <u>12-7-60</u> Death occurred at <u>4:00</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>H. B. Holley MD.</u> (Degree or title)	22b. ADDRESS <u>Camdenton, Missouri</u>	22c. DATE SIGNED <u>12-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dale Blair Cemetery</u>	23d. LOCATION (City, town, or county) <u>Camdenton, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walter P. Hedges</u> ADDRESS <u>Camdenton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 10-1960</u>	26. REGISTRAR'S SIGNATURE <u>Zilpha J. How</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1961

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter J. Hedger

Licensed Embalmer No. 4262

P. O. Address Camden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.