

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027860

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 279

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **F**

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Rev. 4/59

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SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

LED AUG 15 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Marion</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Marion</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		Length of stay in lb Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>711 Walnut</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH Month <b>July</b> Day <b>19</b> Year <b>1962</b>			
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Earl</b> Last <b>Nelson</b>				5. SEX <b>Male</b>			
6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 11, 1962</b>		9. AGE (last birthday) IF UNDER 1 YEAR: Months <b>8</b> Days <b>8</b> Hours <b>8</b> Min. <b>8</b> IF UNDER 24 HR: Hours <b>8</b> Min. <b>8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hannibal, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Austin E. Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jo Yager</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Austin E. Nelson, 711 Walnut</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<i>Coarctation of the aorta</i>				<i>Always</i>	
DUE TO (b)		<i>Myfan's Syndrome</i>				<i>Always</i>	
DUE TO (c)		<i>Pneumonia</i>				<i>2 days</i>	
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 checked="" 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 <b>6:25</b> a.m. <b>P.M.</b> 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 _____ to _____ and last saw her alive on _____ Death occurred at <b>6:25 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Samuel B. Landau, M.D.</i> (Degree or title)				22b. ADDRESS <i>711 Grand Ave. Hannibal, Mo.</i>		22c. DATE SIGNED <i>7/27/62</i> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 21, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>		23d. LOCATION (City, town, or county) <b>Hannibal, Mo.</b>	
24. FUNERAL DIRECTOR <b>H.M.O'Donnell, Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug. 2, 1962</b>		26. REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke by M. Roman</i>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 *A M McDonnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.

*Permit received 8/21/62*