S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

15697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1940

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 351 Primary Registration District No. 6189 Registrar's No. 4

**1. PLACE OF DEATH:**

(a) County TANEY

(b) City or town OZARK Beach, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 [illegible]
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 106

(a) State Mo. (b) County TANEY 0

(c) City or town OZARK Beach Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME NELSON TORBETT CRIST

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Katherine Crist

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased MAR. (Month) 6 (Day) 1878 (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace CLIFTON, Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation RESORT OWNER

11. Industry or business TOURIST CAMP

FATHER
12. Name CORNELIUS CRIST
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Crist
(b) Address OZARK Beach, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 8-43 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT SHADE, Mo

18. (a) Signature of funeral director R.O. Whitehead
(b) Address Branson Mo

19. (a) MAR. 6-1943 (Date received local registrar) (b) Jeannette Davis (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MARCH day 6th year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Body found by Leonard Williamson at wood Pile. Probably been dead 1 hr.

Due to assumptive diagnosis: Coronary Thrombosis

Due to

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940

Of autopsy Coroner decided no autopsy or inquest Necessary

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Forsyth, Mo. Date signed Mar. 6-43

1297 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 443-451
Date Filed 4/27-43

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 Embalmed, Registered Apprentice No., working under my personal supervision.

Signed Minnie L. Nikelchel

Licensed Embalmer No. 2277

P. O. Address Bramson 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 this body is not embalmed, fact should be so stated above.**