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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 11 1948  
Registration District No. 360

Primary Registration District No. 8076

Registrar's No. #25

100922  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At home - 512 N. Main Street  
(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:

(a) State Missouri (b) County Vernon 106

(c) City or town Nevada 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 512 N. Main Street 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy Nelson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec. 31st 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
year 1945 hour 2:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-27-45  
\_\_\_\_\_, 19\_\_\_\_, to 12-24- 1945;  
that I last saw her alive on 12-28-45  
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 11 Days 28 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Flat Rock, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name John Collins

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Loranda Smith, unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Thya Nelson

(b) Address Nevada, Missouri

17. (a) Buried (b) Date thereof Dec. 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Burial Park

18. (a) Signature of funeral director Ways Funeral Service

(b) Address Nevada, Mo.

19. (a) 1-24-46 (b) Walter H. Yancey  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary + generalized arteriosclerosis

Due to \_\_\_\_\_

Due to Coronary heart disease  
myocardial infarction  
Myocardial degeneration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 97

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?  (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter H. Yancey (M. D. or other)  
Address Wagon Ridge Date signed 12-29-45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

File No. \_\_\_\_\_ Office No. 76

Dist. No. \_\_\_\_\_ 1-46-89

Date Filed \_\_\_\_\_ 2-8-46

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.