

5. No. 300  
10. 48

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34456**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>East Prairie, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Residence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			d. STREET ADDRESS (If rural, give location) <u>Residence</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESSIE</u> b. (Middle) <u>PEARL</u> c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1897</u>	9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Charleston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ben Haley</u>		13b. MOTHER'S MAIDEN NAME <u>Bally Hudson</u>		14. NAME OF HUSBAND OR WIFE <u>Willie 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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Nelson</u>			ADDRESS <u>East Prairie, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>24 hrs</u> <u>2 3/4 x</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Oct 7, 1949, to Oct 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. G. Martin</u>		23b. ADDRESS <u>East Prairie, Mo. 10-17</u>		23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Clinton Ky.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 20 1949</u>	REGISTRAR'S SIGNATURE <u>Anna Harper</u>	FEDERAL DIRECTOR'S SIGNATURE <u>Paris Kelly</u>	ADDRESS <u>East Prairie, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Wife, Pearl Hudson

OCT 26 1949

MISSISSIPPI COUNTY HEALTH DEPARTMENT  
CHARLESTON, MO.

File #

OCT 27 1949

NOV 1 1949

**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.

Signed \_\_\_\_\_

*Travis Shelby*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Prairie 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.