

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37019

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 259	
1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Clinton</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Fairview Twp</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>Fairview Twp</i>			
3. NAME OF DECEASED a. (First) <i>Charles</i> b. (Middle) <i>Henry</i> c. (Last) <i>Nielsen</i>			4. DATE OF DEATH <i>Nov 30 - 1949</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Apr 30 - 1880</i>	9. AGE (In years last birthday) <i>69</i>	# UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	# UNDER 1 RES. Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rock Crusher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rock Crusher</i>		11. BIRTHPLACE (State or foreign country) <i>Nebraska</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Nielsen</i>		13b. MOTHER'S MAIDEN NAME <i>not known</i>		14. NAME OF HUSBAND OR WIFE <i>Mr Frank Woodruff</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>0</i>		16. SOCIAL SECURITY NO. <i>0</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mr Frank Woodruff</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CORONARY OCCLUSION</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>36 hr</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT-SUICIDE-HOMICIDE (Specify) <i>NO</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>5:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>29 NOV., 1949</i> , to <i>30 NOV., 1949</i> , that I last saw the deceased alive on <i>30 NOV., 1949</i> , and that death occurred, at <i>7:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Hugh B. Walker, MD Coroner</i>				23b. ADDRESS <i>Clinton, Mo</i>		23c. DATE SIGNED <i>1 Dec. 1949</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rural</i>		24b. DATE <i>12-3-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Jantha cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jantha Mo</i>		
DATE REC'D BY LOCAL REG. <i>Dec-3-49</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>		25. JUNIATA DIRECTOR'S SIGNATURE <i>Lickman & Dunning</i>		ADDRESS <i>Clinton Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

42
1
2

RECEIVED

District Health Officer No. 7!

District File Number 11-49-1427

Date Filed 12-5-49

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 _____
Student Embalmer.

Signed Robert L. Dunning

Licensed Embalmer No. 4270

P. O. Address Clinton 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.