

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15951

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1625 So. 8th St. (home)</u>		d. STREET ADDRESS (If rural, give location) <u>1625 So. 8th St. (home)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>MARIE</u> c. (Last) <u>NELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-17-1890</u>
9. AGE (In years (by birthday) Months Days Hours Min. <u>59</u>		11. BIRTHPLACE (State or foreign country) <u>Worth Co., Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Perry Overbay</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Piatt</u>	14. NAME OF HUSBAND OR WIFE <u>James Nelson</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Nelson, 1625 So. 8th St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebraa Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>High Blood Pressure</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS* <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>28hrs</u>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>May 26</u> , 19 <u>50</u> , to <u>May 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 27, 1950</u> , and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. R. Elliott, M.D.</u>		23b. ADDRESS <u>801 1/2 Francis, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>May 30, 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jennings Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
DATE REC'D BY LOCAL REG. <u>June 1, 1950</u>	REGISTRAR'S SIGNATURE <u>E. E. Jenkins</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul D. Lupp</u>	ADDRESS <u>St. Joseph, Mo</u>

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

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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 _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.