

FILED OCT 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. **31341**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 133

1. PLACE OF DEATH  
a. COUNTY Pack-Scripps Park Home  
b. CITY (If outside corporate limits, write RURAL and give township) Balivari  
c. LENGTH OF STAY (in this place) 2 1/2 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Scruggins Park Home - South Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY Pack  
c. CITY (If outside corporate limits, write RURAL and give township) Balivari  
d. STREET ADDRESS (If rural, give location) South Street

3. NAME OF DECEASED (Type or Print)  
a. (First) Corra E. b. (Middle) Nelson c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year)  
Sept 26 1950

5. SEX Female 6. COLOR OR RACE Wh 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH July 31 1870 9. AGE (In years, if under 1 year last birthday) (Months) (Days) (Hours) (Min.) 80 1 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home work 11. BIRTHPLACE (State or foreign country) Pack Co Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William A. Wilson 13b. MOTHER'S MAIDEN NAME Emily Wilson 14. NAME OF HUSBAND OR WIFE Peter R. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Paul Wilkerson ADDRESS Balivari

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute heart failure  
ANTECEDENT CAUSES DUE TO (b) coronary occlusion  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 9/25 1950, to 9/26, 1950, that I last saw the deceased alive on 9/25, 1950, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Wilkerson MD 23b. ADDRESS Balivari Mo 23c. DATE SIGNED 9/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 28 1950 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) Balivari Mo

DATE REC'D BY LOCAL REG. Oct 7, 1950 REGISTRAR'S SIGNATURE Ralph Gordon Jewell FUNERAL DIRECTOR'S SIGNATURE Blue Balivari, Mo. ADDRESS \_\_\_\_\_

NOV 14 1950

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

OCT 10 1950

Dist. File 1050-2088

Date Filed 10-10-50

OCT 1 1952

JUN 23 1955

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Edward B. Ewin*

Licensed Embalmer No. 3092

P. O. Address *Bellevue, 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.