

5. No. 300
V. 10. 48

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15752

BIRTH NO. 50759-51 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 200

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | c. LENGTH OF STAY (In this place) 10 Hr | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Doctors Hospital | | d. STREET ADDRESS (If rural, give location) Route 4 | |

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|---|---------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sandra b. (Middle) Aline c. (Last) Nelson | | | 4. DATE OF DEATH (Month) (Day) (Year) 5-11-51 | | |
| 5. SEX F / W | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 5-1-51 | | 9. AGE (In years last birthday) 11 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Mo. R. 4 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|--|--|-----------------------------|--|
| 13a. FATHER'S NAME Luther Nelson | | 13b. MOTHER'S MAIDEN NAME Pearl Chaffin | | 14. NAME OF HUSBAND OR WIFE | |
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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) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Nelson, Poplar Bluff, Mo. | | |
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| 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 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pneumonia DUE TO (c) 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 7630 |
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|------------------------|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? | |
|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **5-10-1951**, to **5-11-1951**, that I last saw the deceased alive on **5-11-1951**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

| | | | |
|--|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) Arthur C. Parker, M.D. | | 23b. ADDRESS Poplar Bluff, Mo. | 23c. DATE SIGNED 5/17/51 |
|--|--|---------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-11-51 | 24c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Butler County, Mo. |
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| DATE REC'D BY LOCAL REG. May 18 1951 | REGISTRAR'S SIGNATURE Wm. H. Johnson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phelps-Leuckel 5th & Poplar | |
|---|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

Poplar Bluff

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

0124
0

RECEIVED

MAY 22 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-223

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed