

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19714

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 35

251

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

1. PLACE OF DEATH a. COUNTY CHINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CHINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON	
c. LENGTH OF STAY (in this place) 1 1/2 days		d. STREET ADDRESS (If rural, give location) 237 South Orange	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMERON COMMUNITY HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) J c. (Last) NELSON			4. DATE OF DEATH (Month) (Day) (Year) 6 23 51		
5. SEX F		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH July 11-1870		9. AGE (in years last birthday) 80		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Rupny house		11. BIRTHPLACE (State or foreign country) Caldwell Co. Md	

13a. FATHER'S NAME James Steward		13b. MOTHER'S MAIDEN NAME Margaret Reed		14. NAME OF HUSBAND OR WIFE Clarence Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs Elmo Reed	
				ADDRESS Cameron	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

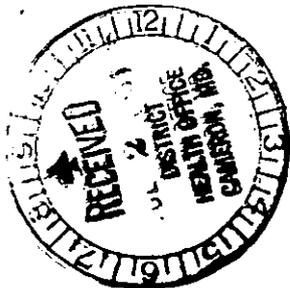
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <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 1946, 19, to 6-23, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Limes		(Degree or title) M.D.		23b. ADDRESS Cameron, Mo	
				23c. DATE SIGNED 6-23-51	

24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE 6/25/51		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
				24d. LOCATION (City, town, or county) (State) Cameron Mo	

DATE REC'D BY LOCAL REG. 6-29-51		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Planet Funeral Home	
				ADDRESS Cameron	



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 F. Poland

Licensed Embalmer No. 4727

P. O. Address Camden, N.C.

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.