No. 300
10-48

FILED AUG 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21909

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 207

13
6

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Van Buren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Birmingham 8140
d. STREET ADDRESS (If rural, give location): 8

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

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1951

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 11, 1884
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Slavis Spees
13b. MOTHER'S MAIDEN NAME: Aphalia Birch
14. NAME OF HUSBAND OR WIFE: Rodney B. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J. C. Hall, Fairfield, Iowa.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: May 51

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio vascular disease — yrs.
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: 153X
20. AUTOPSY? YES [X] 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) m.
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* May 18, 1951, *to* July 23, 1951, *that I last saw the deceased alive on* July 23, 1951, *and that death occurred at* 12 45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DO
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 7/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/23/51
24c. NAME OF CEMETERY OR CREMATORY: Eldon
24d. LOCATION (City, town, or county) (State): ~~Eldon~~, Iowa. Birmingham

DATE REC'D BY LOCAL REG.: 7-23-51
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUL 30 195
DISTRICT HEALTH OFFICE #
District File Number 8-5
Date Filed: AUG 2 1951

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 Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 21129
Local Registrar's No. 207

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Lola Nelson, ~~born~~ died July 23rd, 1951, in the State of
Missouri, and which was filed at Kirksville Mo on 7-23rd, 1951, should be corrected as follows:

Item No. 24C should read Birmingham, Iowa
Instead of Eldon Iowa

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R. M. Campbell Funeral Director
Relationship.

Eldon, Iowa
Present Address.

Subscribed and sworn to before me this 21 day of January, 1952

My Commission expires July 4 1954 Frank Shane Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36687