

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27099

State File No. \_\_\_\_\_

FILED AUG 18 1951

BIRTH NO. 53004-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3338

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1518 TROOST AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1518 TROOST AVE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jerome</u>	b. (Middle) <u>Harold</u>	c. (Last) <u>Nelson</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Jerome Harold Nelson</u>			<u>8-2-51</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>8-2-51</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
		<u>INFANT</u>			<u>1</u>	<u>1</u>	<u>15</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES NELSON</u>	13b. MOTHER'S MAIDEN NAME <u>IMOGENE GRIFFIN</u>	14. NAME OF HUSBAND OR WIFE <u>INFANT</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>(FATHER) JAMES NELSON</u>	ADDRESS <u>1518 TROOST</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis Neonatorum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs 5 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>70° 0</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from 8-2-51 to 8-2-51, that I last saw the deceased alive on 8-3-51 and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene P. Chatman</u> M.D. (Degree or title)	23b. ADDRESS <u>2202 1/2 S. 18th St</u>	23c. DATE SIGNED <u>8-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-4-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tele. Dir. - 1415 TRUMAN</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.....

Signed..... *C. E. Davis* .....

Signed.....  
Student Embalmer.....

Licensed Embalmer No. *4417* .....

P. O. Address *K.C., 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.