

STANDARD CERTIFICATE OF DEATH

34162

State File No.

FILED OCT 25 1951

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4260</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baring</u> c. LENGTH OF STAY (If in place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Bac Khan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elk City</u> d. STREET ADDRESS (If rural, give location) <u>1402 West 3rd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>F.</u> c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-3-1951.</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no</u>		8. DATE OF BIRTH <u>8-6-1897</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Driver</u>		11. BIRTHPLACE (State or foreign country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>		13a. FATHER'S NAME <u>Soren Nelson</u>	
13b. MOTHER'S MAIDEN NAME <u>Peterson</u>		13c. NAME OF HUSBAND OR WIFE <u>no wife</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>440070236</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Nelson</u>		17. ADDRESS <u>Elk City, Okla</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hit by a T&S Train</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>at Baring Missouri. 3 A.M. Oct-3 1951.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E800X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, room, factory, street, office, etc.) <u>Railroad tracks</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Baring Knox Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct-3-51 3AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>Hit by Train</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Keith Hudson</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Edina, Missouri</u>		23c. DATE SIGNED <u>Oct-5-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>00-16-1951</u>		REGISTRAR'S SIGNATURE <u>Dell S. Hundt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>		ADDRESS <u>Edina, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 20
DISTRICT HEALTH OFFICE
District File Number 10-
Date Filed: OCT 20 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~~

working under my personal supervision.

Student Embalmer No.

Signed

Keith Hudson

Signed.....

Student Embalmer

Licensed Embalmer No. 2415

P. O. Address *Edina, Minn.*

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.