

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3901**

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia			c. LENGTH OF STAY (If in this place) 60 YEARS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia 1041		
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 Clay Street				d. STREET ADDRESS (If rural, give location) 801 Clay Street				
3. NAME OF DECEASED (Type or Print)		a. (First) Lula Belle Nelson		b. (Middle) Clark		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Feb 15, 1952		5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		
8. DATE OF BIRTH Mar 3, 1881		9. AGE (In years) (last birthday) 70		IF UNDER 1 YEAR Months 11 Days 12		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during one of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Madisonville, E Missouri		12. CITIZENSHIP OF WHAT COUNTRY? US	
13a. FATHER'S NAME Jim Nelson			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE Charles C. Clark		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pernell English, St. Louis, Mo				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation				DUE TO (b) arteriosclerotic heart disease				3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____								10 years
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 4200				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) (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 <u>June 10, 1951</u> , to <u>Feb 15, 1952</u> , that I last saw the deceased alive on <u>Feb 15, 1952</u> , and that death occurred at <u>6:00 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Erwan Phone MD (Degree or title)				23b. ADDRESS Vandalia Mo		23c. DATE SIGNED 2/24/52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 19, 1952		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri		
DATE REC'D BY LOCAL REG. Feb 24 1952		REGISTRAR'S SIGNATURE Malhe Dugan		FUNERAL DIRECTOR'S SIGNATURE H. Watson		ADDRESS Vandalia, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.