

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6957**

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

FILED MAR 8 1952

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6099		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCHUYLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRAIRIE		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Prairie Dist.		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) VIOLET b. (Middle) PANZIE c. (Last) NELSON				4. DATE OF DEATH (Month) (Day) (Year) 2 28 52			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH April 4 - 1906	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 10 Days 24		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY NONE		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME LEWIS DANIELSON		13b. MOTHER'S MAIDEN NAME ZILPHA SKINNER		14. NAME OF HUSBAND OR WIFE PERCY NELSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Percy Nelson ADDRESS Queen City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				18. INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Failure				2 months	
		DUE TO (c) Coronary Artery Disease				2 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute tonsillitis				3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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 3/15 , 19 51 , to 2/28 , 19 52 , that I last saw the deceased alive on 2/28 , 19 52 and that death occurred at 11 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE Edward M. Roberts (Date or title)		23b. ADDRESS Queen City, Mo.		23c. DATE SIGNED 3/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-2-52		24c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery, Harrison, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-2-52		REGISTRAR'S SIGNATURE Bessie Ann Drake		25. FUNERAL DIRECTOR'S SIGNATURE John G. Walsh ADDRESS Queen City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

2001

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

Paul H. Cosby

Licensed Embalmer No. *4619*

P. O. Address *Quincy City 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.