

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12078

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>460</u>	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 S. 16th St.				d. STREET ADDRESS (If rural, give location) 710 S. 16th St. <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) C.		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 21, 1873		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri <u>C</u>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August A. Casper		13b. MOTHER'S MAIDEN NAME Charlotte Trygg		14. NAME OF HUSBAND OR WIFE Gus A. Nelson			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lucille Nelson, 710 S. 16, St. Joseph, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STOKES'-ADAMS SYNDROME ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEART DISEASE, ARTERIOSCLEROTIC DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 DAYS UNKNOWN	
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) m.		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>5/17/46</u> , 19____, to <u>4/21/52</u> , 19____, that I last saw the deceased alive on <u>4/21/52</u> , 19____, and that death occurred at <u>5:00p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS 706 FRANCIS, ST. JOSEPH, MO.		23c. DATE SIGNED 4/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/23/1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. May 1, 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo.			

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 *William Spudis*

Licensed Embalmer No. *4535*

P. O. Address *395 11th St. Joseph, 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.