

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17541

State File No. ....

JUN 9 1952

BIRTH NO. 38025 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Pulaski 0850</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland,</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u> b. (Middle) <u>Louise</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>3</u> <u>52</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>5/21/52</u>	9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Richland, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joe Raymond Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Delphia Oliver</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe R. Nelson, Richland, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>1) asperation pneumonia</u> <u>2) prematurity</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>7635</u>	
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 6/2, 1952, to 6/3, 1952, that I last saw the deceased alive on 6/3, 1952, and that death occurred at 8:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Dimes</u>		23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>6/3/52</u>	
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beulah Cemetery,</u>	
				24d. LOCATION (City, town, or county) (State) <u>Camden County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>6-3-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. E. Dimes, Richland</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-3-52  
Pulaski County Health Officer  
File Number  
Date Filed 6-4-52

**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 *B. B. Jeyar*

Licensed Embalmer No. *3148*

P. O. Address *Richmond*

*Not Embalmed*

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.