

No. 300 JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19978

331

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem Mo.</u>		c. LENGTH OF <u>29 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X X X X</u>				d. STREET ADDRESS <u>X X X X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lander</u> c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17-1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED OR FORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 15-1878</u>	
10a. USUAL OCCUPATION (Give kind of work done for major part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Marion Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Martha King</u>		13c. NAME OF HUSBAND OR WIFE <u>Francis Nelson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Nelson</u> ADDRESS <u>Salem Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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 <u>350 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1950</u> , to <u>5-17-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-16</u> 19 <u>52</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jns. J. Luc Ford, M.D.</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Salem Mo.</u>		23c. DATE SIGNED <u>5-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedargrove</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-12-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Spencer</u>		ADDRESS <u>Salem Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Orl H. Janner

Licensed Embalmer No. 9370

P. O. Address. Belmont, Ma

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.