

No. 30 FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21568

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ray - Richmond</u>		c. LENGTH OF STAY (in this place) <u>14 years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ray - Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles NW Richmond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles NW Richmond</u>		e. STREET ADDRESS (If rural, give location) <u>4 miles NW Richmond</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DEANNA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>NELSON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 9 1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>February 13 1938</u>	9. AGE (In years) (Months) (Days) <u>14 4 16</u>	IF UNDER 24 Hrs. <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>not employed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>not employed</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John M. Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred M. E. Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>John M. Nelson, Rayville, Missouri</u>	ADDRESS <u>Rayville, Missouri</u>
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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>Acute dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-Influenzal</u>		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>481X</u>
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 _____, 19____, to 7-9-, 1952 that I last saw the deceased alive on 7-9-, 1952 and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Gay M.D.</u> (Degree or title)	23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>7-9-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
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DATE RECD BY LOCAL REG. <u>July 12 - 1952</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> 273	25. FUNERAL DIRECTOR'S SIGNATURE <u>2 west - like Funeral Home</u> ADDRESS <u>Richmond Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0890

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 George H. Hite

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.