S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27071

FILED AUG 26 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5035 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Audrain 0040 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Saling
c. LENGTH OF STAY (in this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunnydale Academy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 3362
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Missouri 1
d. STREET ADDRESS (If rural, give location): 2303 Cleveland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): GILBERT
b. (Middle): B.
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): August 20, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 10-24-1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Gentry County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Nelson
13b. MOTHER'S MAIDEN NAME: Martha Anderson
14. NAME OF HUSBAND OR WIFE: Orpha Milligan Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Gilbert B. Nelson, Kansas 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic myocarditis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: [illegible] by severe storm
Conditions contributing to the death but not related to the disease or condition causing death. 8-20-52

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4222
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 20, 1952, *to* Aug. 20, 1952, *that I last saw the deceased alive on* --, 19--, *and that death occurred at* 10:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Lachance M.D. 0
23b. ADDRESS: Centralia, Missouri
23c. DATE SIGNED: 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 8-24-52
24c. NAME OF CEMETERY OR CREMATORY: Enyart Cemetery
24d. LOCATION (City, town, or county) (State): Stanberry, Missouri

DATE REC'D BY LOCAL REG.: Aug 21-1952
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bill J. Meador Centralia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Bill J. Meador

Signed.....
Student Embalmer

Licensed Embalmer No. #876

P. O. Address Centralia, Missouri

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.