

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41294**

FILED DEC 11 1952

BIRTH NO. _____		REG. DIST. NO. <b>391</b>		PRIMARY REG. DIST. NO. <b>6153</b>		Registrar's No. <b>26</b>	
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural Pike</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2089	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Killed on Highway # 25</b>				d. STREET ADDRESS (If rural, give location) <b>7940 Church Rd.</b>			
3. NAME OF DECEASED a. (First) <b>SYBLE</b>			b. (Middle) <b>MARIE</b>		c. (Last) <b>NELMS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>		8. DATE OF BIRTH <b>June 10, 1910</b>		9. AGE (in years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Houser Packer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bag Factory</b>		11. BIRTHPLACE (State or foreign country) <b>Brookland, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Alfred Troutman</b>		13b. MOTHER'S MAIDEN NAME <b>Gora Ethel Acres</b>		14. NAME OF HUSBAND OR WIFE <b>Kenneth Nelms</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>490-14-9585</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ellis Troutman-7940 Church Rd. St. Louis, Mo.</b>			
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) <b>Crushed chest and other internal injuries</b> 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.					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #25</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pike Township, Stoddard, Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 15, 1952 6:00 P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile collision 103</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ray W. Brinn Coroner</b>				23b. ADDRESS <b>Dexter, Missouri</b>		23c. DATE SIGNED <b>11-22-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 16, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pine Log Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jonesboro, Arkansas</b>		
DATE REC'D BY LOCAL REG. <b>12/1/52</b>		REGISTRAR'S SIGNATURE <b>Bernice Moore</b>		360-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. COMPANY-Bloomfield, Mo.</b>	

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

DEC 31 1952

DEC 29 1952

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, & by Lulu

Cooper # 3499

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed John B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.