

FILED JAN 5 1953

STANDARD CERTIFICATE OF DEATH

State File No. 42134

0450

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Armstrong Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Armstrong</b>	
c. LENGTH OF STAY (In this place) <b>7 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>----</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Armstrong Mo.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Hardy</b>	b. (Middle)	c. (Last) <b>Nelson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 18, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 10, 1883</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 1 YEAR Days <b>8</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>Saline County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Simpson Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Sims</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Waters</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Hardy Nelson</b>	ADDRESS <b>Armstrong Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right hem. plegia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>22 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</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	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)
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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?
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22. I hereby certify that I attended the deceased from **Oct 28, 1952**, to **Nov 18, 1952**, that I last saw the deceased alive on **Nov 18, 1952**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Francis A. Danford M.D.</b>	(Degree or title)	23b. ADDRESS <b>Fayette, Mo.</b>	23c. DATE SIGNED <b>11-20-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/20/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boonesboro Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Boonesboro Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-15-52</b>	REGISTRAR'S SIGNATURE <b>Walker Audsley</b>	410	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>	ADDRESS <b>Fayette, Mo.</b>
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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 *Joseph A. Carr* .....

Licensed Embalmer No. *3340* .....

P. O. Address *Fayette 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.