

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>17</u>			
1. PLACE OF DEATH ^a				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)					
a. COUNTY <u>Clinton</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>3 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron Mo.</u>		0251			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>630 S-PARK ST.</u>				d. STREET ADDRESS (If rural, give location) <u>630 S-PARK ST.</u>					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			
a. (First) <u>ALICE</u>			b. (Middle) <u>MARIE</u>			c. (Last) <u>NELSON</u>			
(Type or Print)			DATE OF DEATH			3-6-53			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH			
APRIL 30-1928		9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR		IF UNDER 28 HRS.			
Months		Days		Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>			11. BIRTHPLACE (Country and State or Foreign Country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>ELMA REED</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. MONTGOMERY</u>		14. NAME OF HUSBAND OR WIFE <u>John Nelson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Nelson Cameron</u>				ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by hanging</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES					
DUE TO (b) _____				DUE TO (c) <u>Not threatened before</u>					
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 _____				E974X		20. AUTOPSY?	
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cameron Clinton Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Dr. J. Curran</u> (Degree or title) <u>D.O.</u>	
23b. ADDRESS <u>Laurel Mo</u>		23c. DATE SIGNED <u>3-6-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cabon</u>	
24d. LOCATION (City, town, or county) (State) <u>Oshon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wimfred W. Moser</u>		ADDRESS <u>Palmer Funeral Home Cameron</u>		DATE REC'D BY LOCAL REG. <u>3-7-53</u>		REGISTRAR'S SIGNATURE _____	

0251

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

JUL 12 1955

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

Robert F. Poland

Licensed Embalmer No.

4777

P. O. Address

6000 1st St

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.