No. 300
10.48

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

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31080

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1016

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 2802 South 23rd Street

0117

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

4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 25, 1891
9. AGE (In years last birthday): 62 — 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): Ret. Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Nodaway County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Andrew Nelson
13b. MOTHER'S MAIDEN NAME: Rebecca Thompson
14. NAME OF HUSBAND OR WIFE: Lillian Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-07-4430
17. INFORMANT'S SIGNATURE OR NAME: Lillian Nelson — ADDRESS: St. Joseph, 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) Lymphoma, mediastinum (Type undetermined) — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

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. Coronary Heart Disease — 2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
164X
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* 7-10-53, 19____, *to* 9-17-53, 19____, *that I last saw the deceased alive on* 9-17-53, 19____, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE H C Senne (Degree or title) MD
23b. ADDRESS 207 P&S St. Joseph, Mo
23c. DATE SIGNED 9-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Guilford Cemetery
24d. LOCATION (City, town, or county) (State): Guilford, Missouri

DATE REC'D BY LOCAL REG.: Sept 23, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485-J
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1953

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 Charles F. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4637

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.