

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35325

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5259 Registrar's No.

1. PLACE OF DEATH COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u> <u>0220</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Bruner Twsp.</u> <u>0</u>	
c. LENGTH OF STAY (in this place) <u>74 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Christian</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> b. (Middle) _____ c. (Last) <u>Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1953</u>		
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 21, 1879</u>		9. AGE (In years last birthday) <u>74</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	

13a. FATHER'S NAME <u>Elbert W. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Drady Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Laura Nelson</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Nelson, Elkhead, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis, acute</u>		DUE TO (b) <u>Atherosclerosis, generalized very severe</u>				<u>1 day</u>	
ANTECEDENT CAUSES		DUE TO (c) <u>Arteriosclerotic degeneration - rt leg - removed 1 1/2 yrs. ago</u>				<u>yes?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>2 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		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 Sept. 1949, to 11 Sept, 1953, that I last saw the deceased alive on 11 Aug, 1953 and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 16, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harville Cemtery</u>	
24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Oct 13 - 53</u>		REGISTRAR'S SIGNATURE <u>Emma Jean Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo</u>	
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(Ink and Embellisher's Statements 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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

T. B. Chaffin

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo.*

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

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