F.S. No. 300
REV. 10-48

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

FILED DEC 2 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39205

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5420

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 7 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2836 Benton B'lvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 910 East 25th. Street 3438

**3. NAME OF DECEASED** (Type or Print)
a. (First): LAURA
b. (Middle): MAE
c. (Last): NELSON

**4. DATE OF DEATH** (Month) (Day) (Year): 11/13/53

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced 3
**8. DATE OF BIRTH**: 2/24/1900
**9. AGE** (In years last birthday): 53
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): Nurse
**10b. KIND OF BUSINESS OR INDUSTRY**: General Duty
**11. BIRTHPLACE** (City and State or Foreign Country): Bates City, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William J. Morrison
**13b. MOTHER'S MAIDEN NAME**: Unknown Burns
**14. NAME OF HUSBAND OR ~~WIFE~~**: TOM 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.**: 431-50-1140
**17. INFORMANT'S SIGNATURE OR NAME**: JAMES L. NELSON
ADDRESS: EL PASO TEXAS

**MEDICAL CERTIFICATION**

**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) malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Massive hemorrhage — 30 days
DUE TO (c) Carcinoma of colon — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* — 153X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* April 13 *19*53 *to* Nov. 13, *19*53 *that I last saw the deceased alive on* Nov. 12, *19*53 *and that death occurred at* 12:30A *m.; from the causes and on the date stated above.*

**23a. SIGNATURE** Eugene R. Young (Degree or title) D.O.
Eugene R. Young D.O.
**23b. ADDRESS**: 5500 Troost, K.C. Mo.
**23c. DATE SIGNED**: 11-13-53

**24a. BURIAL CREMATION REMOVAL** (Specify): BURIAL
**24b. DATE**: Nov-16-1953
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: OAK HILL CEMETERY
**24d. LOCATION** (City, town, or county) (State): BUTLER MISSOURI

DATE REC'D BY LOCAL REG.: 11-16-53
REGISTRAR'S SIGNATURE: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: O.H. Nuccomis Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clare V. Carr, Jr.

Licensed Embalmer No. 4939

P. O. Address L. C. 10, M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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