

STANDARD CERTIFICATE OF DEATH

State File No. 120 Registrar's No. 1

FILED JAN 12 1954

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094

1. PLACE OF DEATH
a. COUNTY BATES
b. CITY OR TOWN RURAL-OSAGE TWP
c. LENGTH OF STAY LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 M.I.E. RICH HILL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY BATES
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? No
e. STREET ADDRESS (If rural, give location) 6 M.I.E. RICH HILL 0070

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

4. DATE OF DEATH JANUARY-4-1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED

8. DATE OF BIRTH MARCH-19-1896
9. AGE (In years last birthday) 57
10. UNDER 1 YEAR 9
11. UNDER 12 HRS. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY GEN-FARMING

11. BIRTHPLACE (City and State or Foreign Country) RICH HILL, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PETE NELSON

13b. MOTHER'S MAIDEN NAME SUDIE WINEGAR

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. B. Potter 1114 E. SOUTH EAST ST. WASHINGTON D.C.

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) Coronary occlusion
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.

INTERVAL BETWEEN ONSET AND DEATH 3 minutes

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO X

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) OSAGE (COUNTY) BATES (STATE) MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 never, 19, to D.O.A., 19, that I last saw the deceased alive on never, 19, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Thomas F. Boyd D.D.

23b. ADDRESS Rich Hill, MO

23c. DATE SIGNED 1-4-54

24a. BURIAL CREMATION-REMOVAL (Specify) BURIAL

24b. DATE JAN-5-1954

24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.

24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI

DATE REC'D BY LOCAL REG. 1-7-1954

REGISTRAR'S SIGNATURE Mrs. Edna Douglas

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Serv Rich Hill, Mo

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.....
Signature of Student Embalmer

Signed *Robert G. Steinbeck*.....

Licensed Embalmer No. *4657*

P. O. Address *Bethel, Me.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.