

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9373

State File No. _____

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place) Holt		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gifford		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION Macon Rest Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Isaac			b. (Middle) M.		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) February 23 1954
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 12 1869	9. AGE (In years last birthday) 84	if UNDER 1 YEAR Months 4	if UNDER 24 HRS. Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri U		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Nelson			13b. MOTHER'S MAIDEN NAME Lucinda Mehurin		14. NAME OF HUSBAND OR WIFE Vaud Nelson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bobby Buck La Crosse 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senile Debilitation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Dietary indiscretion</i> DUE TO (c) <i>Frail old living</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6-12 mo. several years</i> <i>493X</i>	
19a. DATE OF OPERATION		19b. MANNER OF DEATH <i>Actual Cause of Death - Terminal Pneumonia</i>				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 <i>Jan 20, 1954</i> , to <i>2-22 1954</i> that I last saw the deceased alive on <i>2-22, 1954</i> , and that death occurred at <i>4:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>C. J. Rusk</i>				23b. ADDRESS <i>Macon</i>		23c. DATE SIGNED <i>3/5/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb 25 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Indian Hill</i>		24d. LOCATION (City, town, or county) (State) <i>Adair Co Mo</i>	
DATE, REC'D BY LOCAL REG. <i>3/5/54</i>		REGISTRAR'S SIGNATURE <i>South McNeely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. W. Callum</i>		ADDRESS <i>South Gifford</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
610
4

RECEIVED

3.11.54

MACON COUNTY HEALTH DEPARTMENT

County File No. 35428.....

Date Filed 3.10.54.....

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

A. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford Mo

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.