

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4123 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermondale</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermondale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. O+</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt.</u>	

3. NAME OF DECEASED (Type or Print) <u>Luella Nelson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-20-1901</u>		9. AGE (In years last birthday) <u>54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Marshall Green</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Lucius Nelson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lucius Nelson</u> ADDRESS <u>Hermondale Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerular Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1yr?</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cerebral Hemorrhage</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>592 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 10, 1954, to May 9, 1954, that I last saw the deceased alive on May 8, 1954 and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>1215 Riverside Blytheville Ark</u>		23c. DATE SIGNED <u>5-12-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Oklone Ark.</u>	
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DATE REC'D BY LOCAL REG. <u>7-7-54</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinsolving</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Coster</u> ADDRESS <u>Blytheville Ark.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-14-54

COUNTY FILE NUMBER 754-.....

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.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.