

No. 306  
10. 48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23924

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 258

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fristoe</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THALMA</u>	b. (Middle) <u>MINNIE</u>	c. (Last) <u>NESSELBUSCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar 20, 1939</u>	9. AGE (In years last birthday) <u>15</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	11. UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School Student</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Nesselbusch</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Kirby</u>	14. NAME OF HUSBAND OR WIFE _____
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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. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Davis</u>	ADDRESS <u>Fristoe, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. MEDICAL CERTIFICATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/4/54</u>
	(b) <u>Fracture of nose, fracture of left mandible. Bilateral fractures of both lower legs.</u>		
	ANTECEDENT CAUSES <u>Shock.</u>		
	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 <u>none</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Medical only</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Auto accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, highway, etc.) <u>near Cross Timbers, Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>042</u> (STATE) _____
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>July 4 1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident.</u>
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22. I hereby certify that I attended the deceased from 7/4/54, 1954, to July 12, 1954, that I last saw the deceased alive on July 11, 1954, and that death occurred at 4:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. B. Osmer M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>7/12/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 4, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristoe, Benton Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-14-54</u>	REGISTRAR'S SIGNATURE <u>Maria Coz, Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F Reser</u>	ADDRESS <u>Warsaw</u>
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Early on the morning of July 4, the patient was in an automobile accident near Cross Timbers, Missouri. She was brought into this hospital in shock and her condition remained critical up until the time of her death.

*John B. Reser M.A.*  
7-1254

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**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 \_\_\_\_\_

*John B. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.