

NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34412

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3232 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where "deceased" lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Warrensburg</u>		c. CITY OR TOWN <u>Chilhowee</u>	
c. LENGTH OF STAY (in this place) <u>30min.</u>		d. STREET ADDRESS (If rural, give location) <u>College</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>sudden; on side walk. So.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elsie</u>	b. (Middle)	c. (Last) <u>Nelson.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1954.</u>
-------------------------------------	-------------------------	-------------	--------------------------	-------------------------------------------------------------

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>March 14, 1881.</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>Paris Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Henderson</u>	14. NAME OF HUSBAND OR WIFE
----------------------------------------	----------------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>406-40-5645</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Sullins, Chilhowee, MO.</u>	ADDRESS
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u>		
	DUE TO (c)		
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 <u>1/200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 11-28-1953 to 4-17-1954, that I last saw the deceased alive on 4-17-1954, and that death occurred at 11:30 from the causes and on the date stated above.

23a. SIGNATURE <u>Ladisee M.D.</u> (Degree or title)	23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>11-1-54</u>
------------------------------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/1/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chilhowee</u>	24d. LOCATION (City, town, or county) (State) <u>Chilhowee, MO</u>
---------------------------------------------------------	----------------------------	-----------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Nov 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Savannah Croteau</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>	ADDRESS <u>Warrensburg, MO.</u>
---------------------------------------------	-----------------------------------------------	----------------------------------------------------------	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1955

RECEIVED  
NOV 8 1954  
HEALTH DEPARTMENT

JOHNSON COUNTY HEALTH DEPARTMENT

**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

*R. Q. Phillips*

Licensed Embalmer No. *2320*

P. O. Address

*Warrinsburg, Mo.*

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

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