

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10295

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 356

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>INDIANA</u> b. COUNTY <u>WAYNE</u>	
b. CITY OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>RICHMOND</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (on this place) <u>2 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>1114 1/2 MAIN ST 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u> b. (Middle) <u>R.</u> c. (Last) <u>NELSEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec 15, 1932</u>
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. ARMY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE COUNTY, INDIANA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>GAME</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>DONALD R. NELSEY</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH CHITTICK</u>	14. NAME OF HUSBAND OR WIFE <u>NORMA J. NELSEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>CURRENTLY 308-30-1074</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NORMA J. NELSEY</u> ADDRESS <u>Richmond Ind</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Contusion Cervical Cord</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fr. Cervical Vertebrae</u>			<u>2 hrs</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway U.S. 40</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 27, 54 8:40 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>

22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Andrew J. Limer, M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>12-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12/27/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Richmond Indiana</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG <u>Jan. 3. 1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Maureen Funder</u> ADDRESS <u>Home Fulton Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

10/15/11

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 *Wm Stewart*.....

Licensed Embalmer No. *322*.....

P. O. Address *Fullerton*.....

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.