

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6973

FILED MAR 14 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>6115</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>R.F.D. 4</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Liberty</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home R 4</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. 4</u> <u>10000</u>				
3. NAME OF DECEASED a. (First) <u>Annice</u> b. (Middle) <u>Nelson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>19</u> <u>1955</u>					
5. SEX <u>Fm.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>1973</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS	11. YEARS	12. IF DECEASED IN MILITARY SERVICE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Cyrus Grimes</u>		13b. MOTHER'S MAIDEN NAME <u>Clare Shadowin</u>		14. NAME OF HUSBAND OR WIFE <u>John Nelson (Deceased)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl Brauner</u> ADDRESS <u>Liberty, Mo.</u>				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</u>								<u>30 Min.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anginal Pains</u>								<u>1 wk.</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>4201</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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Delma C. Burkthorpe, M.D. Health Officer</u>				23b. ADDRESS <u>Benton Mo.</u>		23c. DATE SIGNED <u>2-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Taylor</u>		24d. LOCATION (City, town, or county) (State) <u>Esser, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-1-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Britton</u> ADDRESS <u>Funeral Home Liberty, Mo.</u>				

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

Harry Jones

DATE RECEIVED MAR 7 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-50

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 Allerton

Licensed Embalmer No. 2941

P. O. Address Salveston

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.