

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8004**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302d Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>206 W. Morrison St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Moorehead</b> c. (Last) <b>Nelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 5, 1875</b>	9. AGE (In years last birthday) <b>79</b>	10. MONTH <b>9</b> DAY <b>6</b> HOUR <b>0</b> MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>		11. BIRTHPLACE (State or foreign country) <b>Audrain County, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Moorehead Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Gordon</b>		14. NAME OF HUSBAND OR WIFE <b>Maggie Black</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Robert M. Nelson Fayette, Mo.</b>	

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) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Diabetes Mellitus &amp; Parkinson's Disease</b>		
	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 <b>None</b>	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)
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 June 1946, to Mar. 11, 1955, that I last saw the deceased alive on Mar. 11, 1955, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. F. Shaw M.D.</b>	23b. ADDRESS <b>Fayette, Mo.</b>	23c. DATE SIGNED <b>3-17-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/13/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Boonesboro Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Boonesboro, Missouri</b>

DATE REC'D BY LOCAL REG. <b>3/17/55</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ralph A. Carr Fayette, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

**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

*Ralph A. Carr*

Licensed Embalmer No.

*3340*

P. O. Address

*Jayette, Mo*

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.