THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

23132

State File No.

FILED JUL 25 1955

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 189

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 528 N. Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 528 N Washington

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) 7-1-1955

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Unknown (about 68)
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cooper Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Eliza Miller
14. NAME OF HUSBAND OR WIFE Susie Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Walker Murphy ADDRESS Sedalia Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH Joint

ANTECEDENT CAUSES myocarditis — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — maly a yr or two

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1955, to July 1, 1955 that I last saw the deceased alive on June 28, 1955 and that death occurred at 1:30 P m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Bell M.D. (Degree or title)
23b. ADDRESS Sedalia Mo. a.m. July 1
23c. DATE SIGNED 7-1-1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-4-1955
24c. NAME OF CEMETERY OR CREMATORY New Lebanon Cemetery
24d. LOCATION (City, town, or county) (State) Cooper Co Mo 7-4-1955

DATE REC'D BY LOCAL REG. 7-18-55
REGISTRAR'S SIGNATURE Lavina Coontz, Deputy 251
25. FUNERAL DIRECTOR'S SIGNATURE R. D. Ferguson ADDRESS Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed F. D. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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

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