

STANDARD CERTIFICATE OF DEATH

State File No. **26373**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3411

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) Unknown	
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospt.	
d. STREET ADDRESS 13 418 East 9th St.		3. NAME OF DECEASED a. (First) Louis b. (Middle) O. c. (Last) Nelson	
4. DATE OF DEATH 8-3-55		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, UNMARRIED, OR FORCED (Specify) Unknown		8. DATE OF BIRTH Unknown	
9. AGE (In years, months, days, hours, minutes) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	
10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Unknown	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jackson County Coroner, K. C. Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 Post Refused	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 795	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Rio Grande Blvd	
23c. DATE SIGNED 8-3-55		24. BURYAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8-4-55		24c. NAME OF CEMETERY OR CREMATORY Alerton, Iowa.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) H T Egner & Son KC MO	
DATE REC'D BY LOCAL REG. 8-5-55		REGISTRAR'S SIGNATURE Mervyn Marshall	

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 W. LeRoy Mooney

Licensed Embalmer No. 4776

P. O. Address K. C. Mooney

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.