

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32731

BIRTH NO.		REG. DIST. NO. 106	PRIMARY REG. DIST. NO. 5420	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN White Oak		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN White Oak	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0350		
3. NAME OF DECEASED (Type or Print) a. (First) Mollie		b. (Middle) Nelson	c. (Last) Nelson	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 55				
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 1, 1889	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Dave Biggs		13b. MOTHER'S MAIDEN NAME Mary Tinnin		14. NAME OF HUSBAND OR WIFE Joseph Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 6666		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Nelson White Oak, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis 9030		INTERVAL BETWEEN ONSET AND DEATH 1 week 10 years.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 20		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kennett Dunklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 21 1955		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell against chair.
22. I hereby certify that I attended the deceased from Mar, 1955, to Sept, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Chester P. Peck M.D.		23b. ADDRESS Kennett, Mo		23c. DATE SIGNED Oct 4, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 55		24c. NAME OF CEMETERY OR CREMATORY Shumack
24d. LOCATION (City, town, or county) (State) Holmolm, Mo Rt. 1				
DATE REC'D BY LOCAL REG. 10-7-55		REGISTRAR'S SIGNATURE J. A. Anderson 89-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service, Senath, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-21-52
COUNTY FILE NUMBER 10.55

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..... *E. L. Larnor*

Licensed Embalmer No. 4840

P. O. Address *Seneca*

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.