

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37812**

FILED NOV 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>161</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski-Waynesville, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Waynesville, Mo</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>		c. CITY OR TOWN <u>Waynesville, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>Box 374</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jens</u>		b. (Middle) <u>Peter</u>		c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 20, 1868</u>	
9. AGE (In years last birthday) <u>87</u>		10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Denmark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jens Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>	
13c. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>		13d. NAME OF HUSBAND OR WIFE <u>Rosa Lee Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Lee Nelson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Lee Nelson</u>		ADDRESS <u>Waynesville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulated left inguinal hernia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left inguinal hernia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5610</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (m.) _____		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 <u>Nov 9, 1955</u> , to <u>Nov 9, 1955</u> , that I last saw the deceased alive on <u>Nov 9, 1955</u> , and that death occurred at <u>9:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R E Mussen MD</u>				23b. ADDRESS <u>Waynesville, Missouri</u>		23c. DATE SIGNED <u>Nov 18 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ideuma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-18-55</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		458- <u>157</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hedges</u> ADDRESS <u>Hedges Funeral Home Waynesville, MO</u>	

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

Date Filed 11-19-53
File Number 11-19-53

Pulaski County Health Officer

RECEIVED
11-18-53

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..... Clarence Dross

Licensed Embalmer No. 487

P. O. Address Waynes

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.