

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37869

State File No.

FILED DEC 5 1955

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6027</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Jackson Twsp.</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>Jackson Twsp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Residence-Reynolds, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>P.O. Reynolds, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OMAN</u>		b. (Middle) <u>CLAY</u>		c. (Last) <u>NELSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 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>Aug. 25, 1903</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howes Mill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. J. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Johnnie Tippet</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie May 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>		16. SOCIAL SECURITY NO. <u>491-30-6784</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie May Nelson Reynolds, Mo.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Previous attacks - in past 3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION <u>Nov 5</u>		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)		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>7-10</u> , 19 <u>53</u> , to <u>11-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-10</u> , 19 <u>55</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. G. M.D. & Jonathan M.D.</u>				23b. ADDRESS <u>Missouri</u>		23c. DATE SIGNED <u>11-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 13 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boss Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/18/55</u>		REGISTRAR'S SIGNATURE <u>B. M. G. Patrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blackwell-Warfel</u>		ADDRESS <u>Salem, Mo.</u>	

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

Received 12-1-55

Reynolds County Health

File No. 1255 - 45

MAR 23 1956

DEC 23 1955

DEC 5 1955

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 Marshall C. Bluebird

Licensed Embalmer No. 4712

P. O. Address Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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