

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40779
5234

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Kansas City</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>General Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>41 2445 Forest 3419</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) _____		c. (Last) <u>Nelson</u>		4. DATE OF DEATH (Month) <u>11</u> (Day) <u>29</u> (Year) <u>1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unk.</u>		9. AGE (In years last birthday) <u>71</u>		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) <u>Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Buy Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cleveland Co. Ark.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Unk.</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>D. Holloway</u>			ADDRESS <u>2048 Tremont</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, asthenia, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia, clinical</u>													
ANTECEDENT CAUSES DUE TO (b) <u>hydroureter & hydronephrosis, bilateral</u>													
DUE TO (c) <u>partial obstruction of prostatic ureter by residual carcinoma of perineal site of previous combined abdominal peritoneal resection for mucoid adenocarcinoma of resection.</u>												154X	
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 <u>Primary site in rectum</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>11-20-55</u> , 19____, to <u>11-29-55</u> , 19____, that I last saw the deceased alive on <u>11-29-55</u> , 19____, and that death occurred at <u>5:50 a</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street</u>				23c. DATE SIGNED <u>11-30-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>							
DATE REC'D BY LOCAL REG. <u>12-2-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bughman Jones</u>			ADDRESS <u>K.C. Mo.</u>					

(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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence P. [Signature]*.....

Licensed Embalmer No.

P. O. Address *2300 [Address]*.....

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.