

XC-4 690 825

STANDARD CERTIFICATE OF DEATH

State File No. 11575

Reg. 12597 SL-7 FRED JAN 17 1956

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

MISSOURI

PULASKI

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

d. Is Residence within limits of a city or incorporated town? Yes No

915 N. Grand, St. Louis, Mo.

35 days

RICHLAND

d. FULL NAME OF HOSPITAL OR INSTITUTION

Veterans Administration Hosp.

e. STREET ADDRESS (If rural, give location)

08501

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

JOE

R.

NELSON

12-30-55

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.

MALE

WHITE

MARRIED

6-7-07

48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

12. CITIZEN OF WHAT COUNTRY?

Laborer

BLACK, MISSOURI

USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Adrian Nelson

Anna Faulkner

Delphia Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Yes

WW-II

487 12 4724

VA Hosp Records, 915 N. Grand, St. Louis, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKINS DISEASE

INTERVAL BETWEEN ONSET AND DEATH

Indetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.

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

20. AUTOPSY?

YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25-55, 19__, to 12-30-55, 19__, that I am the deceased's physician, and that death occurred at 6:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE Hy. F. Westphalinger (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL OR CREMATION (Specify)

24b. DATE

12-30-55

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Richland Mo

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

DEC 31 1955

J. Earl Smith, M.D.

Albert H. Hoppe 4700 Washington

9561 T. S. N.Y.S.

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..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address..... *W. L.*

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.