No. 300
10.48

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8281

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5155 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - New York Twp.
c. LENGTH OF STAY (in this place) 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ——

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Caldwell
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 130
e. STREET ADDRESS (If rural, give location) 10 Mi. SE of Hamilton

3. NAME OF DECEASED (Type or Print)
a. (First) LeRoy
b. (Middle) —
c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 1, 1907
9. AGE (In years last birthday) 48 | 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) School Superintendent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ludlow, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Nelson
13b. MOTHER'S MAIDEN NAME Martha Ledwell
14. NAME OF HUSBAND OR WIFE Iva Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-14-1995
17. INFORMANT'S SIGNATURE OR NAME Mrs. Iva Nelson - ADDRESS Hamilton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3/4 Hour.

ANTECEDENT CAUSES

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

DUE TO (b) _____

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 4201
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) Henry Twp. (COUNTY) Caldwell (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* June, 1947, *to* Mar 29, 1956, *that I last saw the deceased alive on* Mar 29, 1956, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Frank R. Daley, MD.
23b. ADDRESS Hamilton, Mo.
23c. DATE SIGNED 3-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 1, 1956
24c. NAME OF CEMETERY OR CREMATORY Ludlow Cemetery
24d. LOCATION (City, town, or county) Ludlow, (State) Mo.

DATE REC'D BY LOCAL REG. 4-9-56
REGISTRAR'S SIGNATURE Mrs. Ruth Anne Swyzart
25. FUNERAL DIRECTOR'S SIGNATURE Morris A. Brown
ADDRESS Hamilton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

499
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dale A. Oldfield

Licensed Embalmer No. 45

P. O. Address Hamilto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.