

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26172**
Registrar's No. **430**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		REGISTRAR'S NO. 430	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) -a. STATE Mo. -b. COUNTY B utler			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff, Mo.)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Poplar Bluff		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 605 South 5th St.				e. STREET ADDRESS (If rural, give location) 605 South Fifth St. 0120			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) H.		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 16, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and State or Foreign Country) Stoddard County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Nelson.			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-42-3333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Nelson Poplar Bluff, 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 Arteriosclerosis (clinical diagnosis) 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 Cholelithiasis				INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cholelithiasis				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) (Min.)		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 9 Aug, 1956, to 9 Aug, 1956 , that I last saw the deceased alive on 9 Aug, 1956 and that death occurred at 6:10 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Cyril A. Post M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 17 Aug 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-56		24c. NAME OF CEMETERY OR CREMATORY City Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 8/18/56		REGISTRAR'S SIGNATURE PH Muecke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

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

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RECEIVED
AUG 20 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____
Licensed Embalmer No. 294
P. O. 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.