FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39151

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 398

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Bonne Terre Rest Home Length of stay in 1b 11 Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST FRANCOIS
c. CITY OR TOWN Flat River, Mo. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS #4 Bennett St. (If outside, give location) Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Isaac Middle H. Last Nelson

4. DATE OF DEATH Month Nov. Day 15 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH July 15 1866
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 4 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.
11. BIRTHPLACE (City and state or country) Baldwin, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Nelson
14. MOTHER'S MAIDEN NAME Sarah Hanah Hill

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 Jane Beck Elsinore Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH Est. 20 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Bronchial asthma. 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1955 to To Nov 15-56 and last saw ~~he~~ him alive on Nov 14, 1956
Death occurred at 8:15 AM. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack Muller (Degree or title) M.D.
22b. ADDRESS Bonne Terre, Mo.
22c. DATE SIGNED 11/15/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 16, 1956
23c. NAME OF CEMETERY OR CREMATORY Baldwin Cemetery
23d. LOCATION (City, town, or county) (State) Baldwin Ill.

24. FUNERAL DIRECTOR Lenley R. Wolfe ADDRESS Crystal City, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 15, 1956
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

JAN 29 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 34

P. O. Address .....

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