

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

State File No. **40757**

|  |                                  |  |  |   |  |   |  |
|--|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <b>43</b>   |  | PRIMARY REG. DIST. NO. <b>5143</b>  |  | Registrar's No. <b>37</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give street address)<br>OR TOWN <b>Poplar Bluff, Mo</b>  |                                  | c. LENGTH OF STAY (In this place)  |  | c. CITY OR TOWN <b>Poplar Bluff</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>Route #3 Home</b>   |                                  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>Route #3</b>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b>   |                                  |  | b. (Middle) <b>Henry</b>                                     |   | c. (Last) <b>Nelson</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 2, 1956</b> |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   |  | 8. DATE OF BIRTH<br><b>July 18, 1889</b>  | 9. AGE (In years last birthday)<br><b>67</b>                                       | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer and Trucker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Taskee, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |  |
| 13a. FATHER'S NAME<br><b>George Nelson</b>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Ellen David son</b> |   | 14. NAME OF HUSBAND OR WIFE<br><b>Rose Street Nelson</b>                           |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>490-22-1628</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. W.H. Nelson, Poplar Bluff, Mo.</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |                                  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>   |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |                                  | 2. ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Arteriosclerosis</b> |  |   |  | ?   |  |
|  |                                  | DUE TO (c)   |  |   |  |   |  |
|  |                                  | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |  |   |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>331x</b>  |  |   |  | 20. AUTOPSY?<br>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 <b>24 Nov 56</b> , to <b>2 Dec 56</b> , that I last saw the deceased alive on <b>2 Dec 56</b> , and that death occurred at <b>2:15 P.M.</b> , from the causes and on the date stated above. |                                  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>W.H. Brookreaver MD</b>   |                                  |  |  | 23b. ADDRESS<br><b>321 Poplar Bluff Mo</b>  |  | 23c. DATE SIGNED<br><b>8 Dec 56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>12-4-56</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Woodlawn Cem.</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Poplar Bluff, Mo.</b>          |   |  |
| DATE REC'D BY LOCAL REG.<br><b>12/10/56</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>W.H. Brookreaver</b>   |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Frank-Cotrell Poplar Bluff, Mo.</b> |   |  |

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

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RECEIVED  
DEC 18 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 Frank W. Hill

Licensed Embalmer No. 500

P. O. Address Poplar Bluff

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.