

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17268  
STATE FILE NUMBER  
2046

Registration District No. 149 Primary Registration District No. 100L Registrar's No. 2046

S. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Frank A. O'Connor THE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		Length of stay in lb <b>5 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>3919 BROADWAY</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH F. NELSON</b>			4. DATE OF DEATH Month Day Year <b>April 29 1957</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY-20-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DENTIST-RETIRED-5 YRS-PARSONS KANS.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MAYVIEW, MO.</b>	9. AGE (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months Days Hours Min. <b>7 7 3</b>
11. BIRTHPLACE (City and state or country) <b>MAYVIEW, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JESSE THOMAS NELSON</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MATTIE S. NELSON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>JACK SMITH NELSON</b> Address <b>3912-W-57 TER MO. K.C.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepato cellular Regeneration</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Etiology Unknown</b>			<b>583X</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION. COUNTY STATE		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from <b>April 1957</b> to <b>Apr. 27 1957</b> and last saw her <b>live on 4/27/57</b> Death occurred at <b>5:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <b>April 1957</b> to <b>Apr. 27 1957</b> and last saw her <b>live on 4/27/57</b> Death occurred at <b>5:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Frank A. O'Connor M.D.</b>		22b. ADDRESS <b>7951 State Line Mo. K.C.</b>	
22c. DATE SIGNED <b>4/29/57</b>		22d. ADDRESS <b>7951 State Line Mo. K.C.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>ARR-30-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Mo.</b>
24. FUNERAL DIRECTOR <b>R.W. NEWCOMER'S SONS</b> ADDRESS <b>1537 BRUSH CREEK K.C., MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-30-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>



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 *Albert H. Savage*

Licensed Embalmer No. *4812*

P. O. Address *San Jose City*

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.