FILED JUN 18 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

'57 022214
State File No.

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 71

**1. PLACE OF DEATH**
a. COUNTY: Ray.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West of Richmond Mo. Rural
c. LENGTH OF STAY (In this place): Accident
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2miles West Of Richmond Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN: #1 Carrollton R.F.D. 0170
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural.N.W. of Carrollton Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Olive
b. (Middle): M.
c. (Last): Nelson

**4. DATE OF DEATH** (Month) 6- (Day) 5- (Year) 57

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: March 30 1891
**9. AGE** (In years last birthday): 66 — IF UNDER 1 YEAR: Months 2 Days 5 — IF UNDER 24 HRS.: Hours Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: House Work
**11. BIRTHPLACE** (City and State or Foreign Country): Philidelphia.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: Frank Miller
**13b. MOTHER'S MAIDEN NAME**: Dessie Jackson
**14. NAME OF HUSBAND OR WIFE**: Fred Nelson(Deceased)
**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.**: 188-16-6479
**17. INFORMANT'S SIGNATURE OR NAME**: Cecil O. Hart(Carrollton Mo.
ADDRESS

**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) Injuries Sustained in Automobile Accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

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**
**20. AUTOPSY?** YES ☐ NO ☒ 2

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Richmond Twp.
**21c.** (~~CITY, TOWN,~~ OR TOWNSHIP) 089 (COUNTY) Ray (STATE) Missouri
**21d. TIME OF INJURY** (Month) 6 (Day) 5 (Year) 57 (Hour) 9 15 m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** car overturned

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [illegible] M.D. Coroner 3
**23b. ADDRESS**: Richmond Mo.
**23c. DATE SIGNED**: 6/7/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-7-57
**24c. NAME OF CEMETERY OR CREMATORY**: Mc Croskie Cemetery
**24d. LOCATION** (City, town, or county) (State): West Of Carrollton Mo.

DATE REC'D BY LOCAL REG.: June 10-1957
REGISTRAR'S SIGNATURE: Mabel Jackson
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Marshall F. Home Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received June 10

## 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 P. M. Marshall

Licensed Embalmer No. 252

P. O. Address Carrollton

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.