

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

234194  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler</b> <u>007/0</u> 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>518 N main</b>		Length of stay in lb <b>20 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>518 N Main Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>W.</b> Last <b>NELSON</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>2</b> Year <b>1957</b>	
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 11 1908</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired plumbing</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Cleveland Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Marshall Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Quaite</b>	14. NAME OF HUSBAND OR WIFE <b>---unknown</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes W W #2</b>	16. SOCIAL SECURITY NO. <b>500 03 3878</b>	17. INFORMANT <b>Elsa M Johnston-Butler Mo</b> Address
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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>pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hr 30 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>left side heart failure</b>	<b>5 days</b>
	DUE TO (c) <b>Cardiac asthma</b>	<b>6 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>4342</b>		18 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 <b>2:45</b> Month, Day, Year <b>Oct. 1955</b> a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Butler Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **Oct. 1955** to **Aug. 2, 1957** and last saw him alive on **August 2nd, 1957**  
Death occurred at **2:45 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. S. Lathrop, M.D.</b> (Degree or title)	22b. ADDRESS <b>Butler Mo.</b>	22c. DATE SIGNED <b>8/3/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/4/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Benjamin Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Amoret Missouri</b>
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24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Aug. 4 - 1957</b>	26. REGISTRAR'S SIGNATURE <b>Randall K. Gray</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 14 1961

DEC 6 1961

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 *John B. Underwood* .....

Licensed Embalmer No. *3584*

P. O. Address *Butler* .....

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.