

Health, Welfare, Public Service

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27922

STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 20

300  
-57

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MALDEN</b>		c. CITY OR TOWN <b>MALDEN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>307 W. LACLEDE</b>		d. STREET ADDRESS (If outside, give location) <b>307 W. LACLEDE</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <b>LIFE</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>RUFUS</b> Middle <b>EDGAR</b> Last <b>NELSON</b>			4. DATE OF DEATH Month <b>AUGUST</b> Day <b>6</b> Year <b>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>7-26-1883</b>	9. AGE (In years at birthday) <b>74</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and state or country) <b>CARMI, ILLINOIS.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRED NELSON</b>	13b. MOTHER'S MAIDEN NAME <b>SISSY</b>	14. NAME OF HUSBAND OR WIFE <b>HANNAH VIOLA NELSON</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>NO</b>	16. SOCIAL SECURITY NO. <b>493-28-1310</b>	17. INFORMANT Address <b>HANNAH NELSON, MALDEN, Mo.</b>
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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>Cerebral Hemorrhage.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio Sclerosis</b>		<b>20 yrs</b>
	DUE TO (c) <b>Hypertension</b>		<b>25 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>		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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
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21. I attended the deceased from **8/6/57** to **8/6/57** and last saw <sup>her</sup>him alive on **8/6/57**  
Death occurred at **2:45 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>S.E. Mitchell M.D.</b> (Degree or title)	22b. ADDRESS <b>Malden Mo.</b>	22c. DATE SIGNED <b>8/7/57</b>
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23a. BURIAL, CREMATION, BURNING (Specify)	23b. DATE <b>8-8-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bernie.</b>	23d. LOCATION (City, town, or county) (State) <b>BERNIE, MO.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>DAY FUNERAL HOME, MALDEN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>8-7-57</b>	26. REGISTRAR'S SIGNATURE <b>J. D. Schuman</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.

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 8-27-

COUNTY FILE NUMBER 857-

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 *J. S. Blawie*  
Licensed Embalmer No. 4086  
P. O. Address *Malden*

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.