

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1540

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY OR TOWN Guilford	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 da.		e. STREET ADDRESS (If rural, give location) 740	
d. FULL NAME OF (If not in hospital or institution, give street, address or location) HOSPITAL OR INSTITUTION Independence Sanitarium and Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle)		c. (Last) Nelson		4. DATE OF DEATH (Month) (Day) (Year) February 5, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-8-1884		9. AGE (In years) (Last birthday) 73 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) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Guilford, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Carl C. Nelson		13b. MOTHER'S MAIDEN NAME Montena Nelson		14. NAME OF HUSBAND OR WIFE Tony J. Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487 42 5046		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Tony J. Nelson, Guilford, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		ANTECEDENT CAUSES Accepted Bundle Branch Block			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO *			
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 4341		20. AUTOPSY? 2 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) (m.)		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 2-1, 1958, to 2-5, 1958, that I last saw the deceased alive on 2-5, 1958, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE Shook Groves MD (Degree or title)		23b. ADDRESS 10901 Winner Road Independence, Mo.		23c. DATE SIGNED 2-5-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/9/1958		24c. NAME OF CEMETERY OR CREMATORY Graves Cemetery	
24d. LOCATION (City, town, or county) (State) Guilford Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. C. Johnson		ADDRESS Mayville Mo.	
DATE REC'D BY LOCAL REG. 2-8-58		REGISTRAR'S SIGNATURE [Signature]			

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

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 *G. M. Atchison*.....

Licensed Embalmer No. *2279*.....

P. O. Address *Maryville, Mo.*.....

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.