

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009140
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 254

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau</u>		0164 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Length of stay in 1b <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>605 Merriwether</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Ann</u> Last <u>Nelson</u>				4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1958</u>			
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <u>Single</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 13, 1944</u>		9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>J. T. Nelson</u>				14. MOTHER'S MAIDEN NAME <u>Lessie Foster</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT <u>J.T. Nelson, 605 Merriwether,</u> Address <u>Cape Gir., Mo.</u>			
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NEPHRITIS, acute & chronic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Rheumatic Fever</u> DUE TO (c) <u>anemia epistaxis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u> <u>10 MONTHS</u>	
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"/> <u>R</u>	
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.) <u>400x</u>				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u>		COUNTY <u>Cape Gir.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>6 Sept 57</u> , to <u>3 April 1958</u> and last saw <u>her</u> alive on <u>3 April 58</u> Death occurred at <u>9:05 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>James A. Kinder, M.D.</u> (Degree or title)				22b. ADDRESS <u>Cape Girardeau MO.</u>		22c. DATE SIGNED <u>5 April 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 6, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>		
24. FUNERAL DIRECTOR <u>L.R. Sparks</u> ADDRESS <u>Cape Gir., Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>April 7, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer C. Cooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Eddie Middleton*.....

Licensed Embalmer No. *50*

P. O. Address
Capl. Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING!
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..