

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019042

STATE FILE NUMBER

FILED APR 9 1958  
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Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 29

300  
1-57

672

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>XX</b> <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Charleston</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>South 7th st.</b>		Length of stay in 1b <b>5 years</b>	d. STREET ADDRESS (If outside, give location) <b>South 7th St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alvie Franklin Nelson</b>			4. DATE OF DEATH Month Day Year <b>3/30/58</b>
5. SEX <b>Male 0</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>12/23/1914</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fertilizer Co.</b>	11. BIRTHPLACE (City and state or country) <b>Russell, Arkansas</b>
13a. FATHER'S NAME <b>George F. Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Clara VanWinkle</b>	14. NAME OF HUSBAND OR WIFE <b>Ola May Nelson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>498-16-6936</b>	17. INFORMANT Address <b>Mrs. Ola Nelson, Charleston, Missouri</b>
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>Crushed CHEST due to Auto Falling</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9100</b> <b>23</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>when Jack fell death instant</b> DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Body Found by Ola May Nelson under car</b>			
20a. ACCIDENT <input checked="" 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.) <b>above</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>approx 10:30 AM</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Mississippi</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>As Coroner</b> and last saw <sup>her</sup> him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John M. P. [Signature]</b>		22b. ADDRESS <b>Charleston, Mo</b>	22c. DATE SIGNED <b>5/6/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/1/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
24. FUNERAL DIRECTOR <b>Nunnelee Funeral Chapel, Charleston</b>		25. DATE RECD. BY LOCAL REG. <b>4/4/58</b>	26. REGISTRAR'S SIGNATURE <b>Dorothy B. Hachorn</b>

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 .....

Licensed Embalmer No. ....

P. O. Address .....

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.