

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031436

STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 324

Primary Registration District No. 6043

Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Nelson TOWN		c. CITY OR TOWN Nelson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Streets not numbered		d. STREET ADDRESS (If outside, give location) Streets not numbered	
3. NAME OF DECEASED (Type or print) First Jessie Middle Conover Last Nelson		4. DATE OF DEATH Month August Day 21 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 4th 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Eurela Illinois
13a. FATHER'S NAME Dr. Richard A. Conover		13b. MOTHER'S MAIDEN NAME Sarah Fisher	14. NAME OF HUSBAND OR WIFE Lewis Milton 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. None	17. INFORMANT Address Mrs Henry Hogge, Arrow Rock Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage - Myocarditis DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1951 to 1958 and last saw her alive on Aug. 1958 Death occurred at I R M. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) John R. Lawrence M.D.		22b. ADDRESS Marshall Mo	22c. DATE SIGNED 8-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery	23d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 8-22-58	26. REGISTRAR'S SIGNATURE Carl D. Read

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *James H. Lewis*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.