

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003322
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 318 Primary Registration No. 1003 Registrar's No. 7

300
-57
38
085
3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hosp.		Length of stay in lb D.O.A.	d. STREET ADDRESS (If outside, give location) 7935 N. Broadway
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Flossie Arthina Nelms			January 1, 1959		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 3, 1912	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Brookland, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Edgar Troutman	13b. MOTHER'S MAIDEN NAME Ethel Wilson	14. NAME OF HUSBAND OR WIFE Hobson D. Nelms
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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 Hobson D. Nelms	Address St. Louis, Mo.
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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) Coronary occlusion atheromatous degeneration atheromatous degeneration previous coronary thrombosis DUE TO (b) Atherosclerosis DUE TO (c) previous coronary thrombosis 1954		INTERVAL BETWEEN ONSET AND DEATH Immediate 3 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1		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.)
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20c. TIME OF INJURY Hour 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 <u>Sept 15 1956</u> to <u>Dec 15 1958</u> and last saw her/him alive on <u>Dec 15 1958</u> Death occurred at <u>11:16 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Sausville M.D.	22b. ADDRESS 8321 N. Broadway	22c. DATE SIGNED 1/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/5/59	23c. NAME OF CEMETERY OR CREMATORY Pine Log Cemetery	23d. LOCATION (City, town, or county) Brookland, Arkansas
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24. FUNERAL DIRECTOR John Cassidy	ADDRESS E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JAN 2 '59	26. REGISTRAR'S SIGNATURE J. Carl Smith MD (H.T.)
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature to report to no symptoms or diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John J. Kossly

Licensed Embalmer No. 6855 Ill

P. O. Address East St. Louis, Ill

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.