Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017194
STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wilson Twsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Long Lane Length of stay in Ib 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Long Lane 0300 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Wilson Twsp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Hilda Middle: Sophia Last: Nelson
4. DATE OF DEATH Month, Day, Year: May 10, 1959

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb. 1, 1876
9. AGE (In years on last birthday): 83 IF UNDER 1 YEAR Months: 5 Days: 9 IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Sweden 4
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: A. A. Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Agnes McCune Address: Long Lane, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage
DUE TO (c) Hypertensive heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic nephrosis 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 March 12, 1959 to ____ and last saw her alive on March 12, 1959
Death occurred at 1:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Professional Designation) Joseph G. Bennett, D. O.
22b. ADDRESS Buffalo, Missouri
22c. DATE SIGNED 5/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
23d. LOCATION (City, town, or county) (State): OakLand, California

24. FUNERAL DIRECTOR ADDRESS: Montgomery Funeral Home Buffalo, Mo
25. DATE RECD. BY LOCAL REG.: 5/20/59
26. REGISTRAR'S SIGNATURE: Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All 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 Vernon H. Watts, Student Embalmer No. 565 working under my personal supervision.

Student Vernon H Watts
Signature of Student Embalmer

Signed Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.