

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020837  
STATE FILE NUMBER

JUN 22 1959

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 36

1. PLACE OF DEATH COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>Missouri Dent</b>	
CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salem</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Boss</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hart Clinic</b>	Length of stay in 1b	d. STREET ADDRESS <b>0330</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>W</b> Last <b>Nelson</b>			4. DATE OF DEATH Month <b>June</b> Day <b>16</b> Year <b>1959</b>		
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5. SEX <b>Male</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>Aug 30 1886</b>	9. AGE (In years to birthday) <b>72</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>o</b> <b>Dent Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Marion Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Martah King</b>	14. NAME OF HUSBAND OR WIFE <b>Mintia Wisdom</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>o</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs G W Nelson Boss Mo</b>	Address
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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) <b>Parkinson's disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	
	DUE TO (c)	
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"/>

a. 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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c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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d. 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 <b>Salem Missouri</b>	COUNTY <b>Dent</b>	STATE <b>Mo</b>
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I attended the deceased from 8/17/50, to 6/16/59 and last saw <sup>xxx</sup>him alive on 6/16/59  
Death occurred at 8 P m on the date stated above; and to the best of my knowledge, from the causes stated.

a. SIGNATURE <i>Martah King</i> (Print name or title)	22b. ADDRESS <b>Salem Missouri</b>	22c. DATE SIGNED <b>6/18/59</b>
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23a. BURIAL, CREMATION, OR MOVEMENT (Specify) <b>burial</b>	23b. DATE <b>6-18-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Boss Cem</b>	23d. LOCATION (City, town, or county) <b>Dent County Mo</b>	(State)
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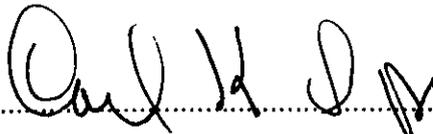
24. FUNERAL DIRECTOR <b>Wences Funeral Home Inc</b>	ADDRESS <b>0330</b>	25. DATE RECD. BY LOCAL REG. <b>6/17/59</b>	26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M. D. L. G. Am.</i>
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JUL 24 1959

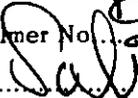
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
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  
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.