

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021592

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2797

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Neurological Hosp.		Length of stay in 1b 47 yrs.	d. STREET ADDRESS (If outside, give location) 4041 Central Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ADA Middle MAE Last NELSON			4. DATE OF DEATH Month June Day 7 Year 1959		
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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 Feb. 26, 1909	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY Nichols Drug	11. BIRTHPLACE (City and state or country) Cleburne, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME August E. Jacobsen	13b. MOTHER'S MAIDEN NAME Julia Ann Gunstansen	14. NAME OF HUSBAND OR WIFE G. Morse Nelson
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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. 500-14-1755	17. INFORMANT G. Morse Nelson Address 4041 Central
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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) Fatty Liver associated with malnutrition		INTERVAL BETWEEN ONSET AND DEATH + 1 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) prolonged alcoholic intoxication	+ 2 MO
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralytic Ileus		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 6:45 Month June Day 7 Year 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Missouri
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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 Kansas City	COUNTY Jackson	STATE Missouri
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21. I attended the deceased from June 3, 1959 to June 7, 1959 and last saw ^(see) him alive on June 7, 1959 Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Albert E. Fulton M.D.	22b. ADDRESS 2625 W. PASEO K.C. MO	22c. DATE SIGNED 6/8/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Freeman Mortuary	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 6-8-59	26. REGISTRAR'S SIGNATURE Irene Marshall
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Albert E. Fulton
 ALL diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2625
Newport
Hospitals
West

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 Walter H. Erwin

Licensed Embalmer No. 4352
Address K. C. Ma

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.