

Registration District No. 27 Primary Registration District No. 5086 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Homer Twp.		Length of stay in 1b 2 months	c. CITY OR TOWN Amoret		Inside Limits Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles SE Amsterdam		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Daniel Last Nelson			4. DATE OF DEATH Month 7 Day 31 Year 59		
5. SEX Male	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 3-4-1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George W. Nelson		13b. MOTHER'S MAIDEN NAME Sarah Day		14. NAME OF HUSBAND OR WIFE Mrs. Bertha 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 Mrs. Bertha Nelson, Amoret, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic lobar Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatic Malignancy					12 months
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year					
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	
21. I attended the deceased from March 16, 1956 to July 31, 1959 and last saw him alive on July 31, 1959 Death occurred 12:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.V. Schubert (Degree or title) D. O.			22b. ADDRESS Amoret, Mo.		22c. DATE SIGNED 7-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-3-59	23c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery	23d. LOCATION (City, town, or county) (State) Bates County, Mo.		
24. FUNERAL DIRECTOR Archer & Mangold, Amsterdam, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 3, 1959	26. REGISTRAR'S SIGNATURE Randall Perry	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Robert L. Mangor

Licensed Embalmer No. 4972

P. O. Address La Cygne, Ks

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.