

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010502

FILED VS MAR 29 1960

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 5427 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN <b>3 1/2 mi. west of Pacific</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home, 3 1/2 mi. W. of Pacific</b> Inside Limits No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.R.#1; Pacific, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Henry</b> Last <b>Nelsch</b>			4. DATE OF DEATH Month <b>Maren</b> Day <b>21</b> , Year <b>1960</b>
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>3/31-1889</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cutting hair</b>	11. BIRTHPLACE (City and state or country) <b>Quincy, Illinois</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William H. Nelsch</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth (Clark)</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Nelsch</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-38-2747</b>	17. INFORMANT Address <b>Wife: Mary E. Nelsch-R.R.#1, Pacific</b>
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>Dissociating aneurysm of aorta</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic hypertension</b>			<b>yes</b>
DUE TO (c) <b>Posterior myocardial infarction</b>			<b>no</b>
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 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 <b>March 21 - 1960</b>			
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 <b>3-10-1960</b> and last saw him alive on <b>March 21-1960</b> Death occurred at <b>March 21-1960</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>Pacific Mo.</b>	22c. DATE SIGNED <b>3/24/60</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-24-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bell Funeral Home - Pacific,</b>		25. DATE RECD. BY LOCAL REG. <b>March 24-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

BY AFFIDAVIT OF Funeral Director DOCUMENT MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

APR 19 1968

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977

P. O. Address Pacific, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.