

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017186

FILED VS MAY 6 1960

Primary Registration District No. \_\_\_\_\_ Registrar's 2 4007

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3822 Cook Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last LACEY NELSON				4. DATE OF DEATH Month Day Year 4 10 1960							
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-11-1885		9. AGE (last birthday) 74			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Alfred Whiteside			13b. MOTHER'S MAIDEN NAME Georgia Ray			13. NAME OF HUSBAND OR WIFE John 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 Leon Jackson 6517 S. Peoria 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) 2nd and 3rd degree burns of upper extremity suffered when deceased's clothing caught fire in home on 3/2/60 DUE TO (b) Chicago, Ill. DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH								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. 916.0-16 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) see above							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 3-2-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 11 home		20f. CITY, TOWN, OR LOCATION St Louis		COUNTY Missouri STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 2:40 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Paul J. Smith (Degree or title)				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 4/12/60 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/12/60		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Poplar Bluff, Mo.					
24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney ADDRESS				25. DATE RECD. BY LOCAL REG. APR 12 1960		26. REGISTRAR'S SIGNATURE Coal Smith M.D. S.P.					

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 Guyton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.