RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1960

-60-025743
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5042 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LIBERTY — Length of stay in 1b: 72 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Her Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: BARRY
c. CITY OR TOWN: Exeter — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ollie Middle: Mae Last: Nelson
4. DATE OF DEATH: Month: July Day: 20 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug-31-86
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Lee-Co. Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: George C. McQueen
13b. MOTHER'S MAIDEN NAME: Ozina E DeBusk
14. NAME OF HUSBAND OR WIFE: John Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Jay Sanders — Address: Rocky Comfort Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Failure — INTERVAL BETWEEN ONSET AND DEATH: minutes
DUE TO (b): Basilar Encephalomalacia — 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-3-58 to 7-20-60 and last saw her alive on 7-19-60
Death occurred at 6 26 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: CRHolmon (Degree or title) D.D.
22b. ADDRESS: Stella, Mo.
22c. DATE SIGNED: 7-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July. 24-60
23c. NAME OF CEMETERY OR CREMATORY: Creason
23d. LOCATION (City, town, or county) (State): Barry Co. Mo
24. FUNERAL DIRECTOR: McQueen Funeral Home — ADDRESS: Wheaton Mo
25. DATE RECD. BY LOCAL REG.: 7-26-1960
26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

~~AUG 5 1960~~

AUG 8 1960

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_____ Signed Paul D. Herbert

Signature of Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.