

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004746  
STATE FILE NUMBERRegistration District No. 50 Primary Registration District No. 5179 Registrar's No. 5

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Camdenton Osage Township</b>		Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>Camdenton</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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Highway 5</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Grant Nelson</b>			4. DATE OF DEATH Month Day Year <b>February 9, 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>December 3, 1876</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Camden County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Owen Nelson</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Russell</b>		14. NAME OF HUSBAND OR WIFE <b>Laura B. Nelson</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.	17. INFORMANT Address <b>Edith Nelson Camdenton, Missouri</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>MYOCARDIAL FAILURE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>HYPERTENSIVE CARDIO-VASCULAR DISEASE</b>			
DUE TO (c) <b>GENERALIZED ARTERIO-SCLEROSIS.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC ASTHMA AND EMPHYSEMA</b>			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 Month, Day, Year a.m. p.m.			
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>1960</b> to <b>FEB 9, 1961</b> and last saw him alive on <b>FEB 9, 1961</b> Death occurred at <b>8:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>D.B. Kelley M.D.</b>		22b. ADDRESS <b>Camdenton, Missouri</b>	22c. DATE SIGNED <b>2/11/61</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Feb. 12, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Roach Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Camden County, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Walter Hedges Camdenton, Mo.</b> <b>Walter Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 11-1961</b>	26. REGISTRAR'S SIGNATURE <b>Alpha Draw</b>

MEDICAL CERTIFICATION

DOCUMENT

INSTEAD OF

BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

FEB 21 1961

**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 P. Hedger

Licensed Embalmer No. 4265

P. O. Address Camdenton, Mo.

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.