

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007968

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 69

FILED APR 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GRAND RIVER TWP</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>Cleveland mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Harding Nursing Home</u>		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ELLA MIRA NELSON</u>			4. DATE OF DEATH Month Day Year <u>APR 6 - 1961</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-9-1876</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>	11. BIRTHPLACE (City and state or country) <u>West Plains mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Mustion</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Copeland</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Nelson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Lula Sears Cleveland mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INTERSTITIAL NEPHRITIS- CARDIAC EXHAUSTION</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ARTERIAL HYPERTENSION-MYOCARDITIS</u>	
	DUE TO (c) <u>SENILITY</u>	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. 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
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21. I attended the deceased from <u>FEBRUARY 25 1961</u> to <u>APRIL 6 1961</u> and last saw her/him alive on <u>APR. 6 1961</u> Death occurred at <u>2:30Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>David S Long M.D.</u> (Degree or title)	22b. ADDRESS <u>LONG BLDG., HARRISONVILLE, MO</u>	22c. DATE SIGNED <u>4-6-61</u>
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>April 8 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glen wild</u>	23d. LOCATION (City, town, or county) (State) <u>2 mi South Cleveland mo'</u>
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24. FUNERAL DIRECTOR <u>Geo. E. Myers Cleveland mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>April 8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Sebree</u>
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MAY 16 1961

JUL 7 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 Geo. E. Myers, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, Ohio

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.