

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021081

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 149 STATE FILE NUMBER

AMENDED FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

| | | | | | |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | Length of stay in 1b <u>3 months</u> | | c. CITY OR TOWN <u>Lowry City</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>Clines Nursing Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>John N. Nielsen</u> | | | 4. DATE OF DEATH Month Day Year <u>June 22, 1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 30, 1917</u> | 9. AGE (last birthday) <u>44</u> | 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) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shovel Operator</u> | | 11. BIRTHPLACE (City and state or country) <u>Sandusky Ohio</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John N. Nielsen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Laura Neilsen</u> | | 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 <u>Laura Neilsen, Clinton Missouri</u> | | 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>Chronic debilitation</u> DUE TO (b) <u>Chronic congestive heart failure</u> DUE TO (c) <u>Arterial Sclerotic Hypertensive Heart Dy.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>2 mo</u> <u>2 yrs</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 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, 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 |
| 21. I attended the deceased from <u>Dec. 1959</u> to <u>death</u> and last saw her/him alive on <u>6-22-61</u> . Death occurred at <u>8:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | | 22b. ADDRESS <u>Clinton Missouri</u> | | 22c. DATE SIGNED <u>6-24-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>6/25/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u> | | 23d. LOCATION (City, town, or county) (State) <u>Lowry City Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Goodrich Funeral Home, Osceola Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 25, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> | |

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 Paul Trivette

Licensed Embalmer No. 3990

P. O. Address Ocala, 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.