ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028562
STATE FILE NUMBER

AMENDED

Registration District No. 58 Primary Registration District No. 4071 Registrar's No. 42

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Camdenton
Length of stay in 1b: 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 212 East Hway 54
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Camden
c. CITY OR TOWN: Camdenton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 212 East Hway 54
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leslie Middle: Milford Last: Nelson
4. DATE OF DEATH: Month: Aug. Day: 14 Year: -1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: June 21-88
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: 1 Days: 23 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Grocerman
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Galesburg Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Atlee Nelson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Isabella Nelson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Address: Mrs Isabella Nelson, Camdenton 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): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis — 5 yrs
DUE TO (c): January of Bone Marrow — 5 yrs.
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 1957, to 1961 and last saw ~~her~~ him alive on Aug 14, 1961
Death occurred at 1:00 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth E. Wilhelm MD
22b. ADDRESS: Camdenton, Mo
22c. DATE SIGNED: 8/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 16-1961
23c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon Mo.
24. FUNERAL DIRECTOR ADDRESS: Robert H. Reed, Camdenton Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 15-1961
26. REGISTRAR'S SIGNATURE: ~~Camdenton~~ Filpha Drew

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.