

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033746

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 146

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 6 1961

1. PLACE OF DEATH
 a. COUNTY Pemiscot
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Length of stay in lb
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY New Madrid
 c. CITY OR TOWN Portageville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Vannie Lee Nelson
 4. DATE OF DEATH Month Day Year
August 29 1961

5. SEX Female 6. COLOR OR RACE Colored 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5/18/1933 9. AGE (last birthday) 28 IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HR Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Mississippi 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Dock Brown Lee 13b. MOTHER'S MAIDEN NAME Lucille Connors 14. NAME OF HUSBAND OR WIFE John B. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Lucille McKinney Address Indianapolis, Ind.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Coronary Insufficiency with Infarction 1 hour
 DUE TO (b) H. C. V. D.
 DUE TO (c) Obesity
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH Two years
Five years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Incomplete Ab following Death 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 Month, Day, Year
 s.m. p.m.

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 July 1957 to 29 August 61 and last saw her/him alive on 29 Aug 61
 Death occurred at 1:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew E. Painter M.D. 22b. ADDRESS 223 King St Portageville, Mo. 22c. DATE SIGNED 29 Sept 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/2/1961 23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery 23d. LOCATION (City, town, or county) (State) Portageville Missouri

24. FUNERAL DIRECTOR ADDRESS DeLisle Funeral Home Portageville, Mo. 25. DATE RECD. BY LOCAL REG. 9-29-61 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

1961 - 9 100 SA

OCT 17 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

Joseph A. DeLoach

Licensed Embalmer No. 4481

P. O. Address Portsmouth

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.