

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037887

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. --- Registrar's No. 195

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Guildford</u>		Length of stay in 1b <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Bolckow</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Matthew</u> Last <u>Nelson</u>			4. DATE OF DEATH Month <u>10</u> Day <u>9</u> Year <u>1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</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>3-11-1910</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HR Hours <u>---</u> Min. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Guildford, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Dortha Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Evelyn Nelson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Mrs. Evelyn Nelson, Bolckow Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Brain Laceration</u>		<u>Instant</u>
DUE TO (b) <u>Campylobacter fracture of skull</u>		<u>Instant</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple internal ribcage injuries</u>		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 checked="" 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.) <u>Truck on road while was riding</u>
20c. TIME OF INJURY Hour <u>10:45</u> a.m. <u>---</u> p.m. <u>---</u>	Month, Day, Year <u>10-9-1961</u>	
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.) <u>Railroad Crossing (mile South of Guildford)</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Guildford - Nod. Mo.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>B. J. Bryant M.D.</u>		22b. ADDRESS <u>Maryville Mo</u>	22c. DATE SIGNED <u>10/10/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Graves Cem.</u>	23d. LOCATION (City, town, or county) <u>Guildford Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Atchison, Maryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10 10 - 61</u>	26. REGISTRAR'S SIGNATURE <u>Bersholt</u>

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 31 1961

NOV 2 1961

OCT 24 1961

NOV 21 1961

JAN 18 1962

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 George M. Atchison

Licensed Embalmer No. 5114

P. O. Address Maryville, 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.