SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

61-047697
STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 3012 Registrar's No. 139

FILED JAN 18 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs
Length of stay in 1b: 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Excelsior Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: Knox
c. CITY OR TOWN: Galesburg
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Broadview Hotel
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anders Middle: Fridolf Last: Nelson
4. DATE OF DEATH: Month: Dec, Day: 18, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/6/1881
9. AGE (last birthday): 80
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Sweden
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Nels Johan Jonnson
13b. MOTHER'S MAIDEN NAME: Sara S. Hansson
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records, Address: Ex. Springs, 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) Cardiac Standstill. — INTERVAL BETWEEN ONSET AND DEATH: 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gen. Debility due to Ca. Prostate — 6 mo
DUE TO (c) with metastasis generalized untreated. — 8 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): General debility of aged.
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 12/2/61, to 12/18/61 and last saw her/him alive on 12/18/61
Death occurred at 6:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dan Musgrave M.D. (Degree or title)
22b. ADDRESS: Excelsior Springs, Mo
22c. DATE SIGNED: 1/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12/19/1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Galesburg, Illinois

24. FUNERAL DIRECTOR: Pickard Funeral Home, ADDRESS: Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG.: 1-15-62
26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph Van Landingham

Licensed Embalmer No. 4009

P. O. Address Excelsior Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.