

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006166

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 259

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MERCY VILLA</u>		d. STREET ADDRESS (If outside, give location) <u>1311 N. ROBBERSON</u>	

3. NAME OF DECEASED (Type or print) First <u>NELLE</u> Middle <u>MAE</u> Last <u>ELSEY</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>13</u> Year <u>1962</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>26 March 1890</u>	9. AGE (last birthday) <u>71</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>DRESS MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRESS MAKER</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>COLUMBUS WILLIAMS</u>			13b. MOTHER'S MAIDEN NAME <u>CORDELIA CLINE</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>JUNE GUSTAFSON (DAUGHTER) SPGFD. MO.</u>	
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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 <u>2 1/2 years</u>
IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>			
DUE TO (b) <u>Hypertension Cardiovascular Disease</u>			
DUE TO (c) <u>Arteriosclerosis</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia Secondary due to diet deficiency</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		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.		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 <u>SPRINGFIELD, MO.</u>		20g. COUNTY <u>GREENE</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from <u>Oct 1959</u> to <u>2-13-62</u> and last saw her alive on <u>2-1-62</u> Death occurred at <u>2:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							

22a. SIGNATURE <u>J. N. Waterman M.D.</u> (Degree or title)			22b. ADDRESS <u>600 S. GLENSTONE</u>			22c. DATE SIGNED <u>2-16-62</u>		
23a. BURIAL OR CREMATION, (Specify) <u>BURIAL</u>		23b. DATE <u>2-15-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN</u>		23d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>		

24. FUNERAL DIRECTOR <u>KLINGNER MORTUARY</u>		ADDRESS <u>SPGFD. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>2-16-62</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	
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JC

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FEB 19 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

Catherine Hingner

Licensed Embalmer No.

3719

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.