

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2453 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

VS 300
Rev. 4/59

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2 3482
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 100 EAST 36TH STREET		d. STREET ADDRESS (If outside, give location) 3782 WASHINGTON STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle HENRY Last NELLOR		4. DATE OF DEATH Month MAY Day 3rd Year 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER AND OPERATOR		11. BIRTHPLACE (City and state or country) BEEMER, NEBRASKA	
10b. KIND OF BUSINESS OR INDUSTRY NELLOR & NELLOR HOME BUILDING		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE NELLOR		14. NAME OF HUSBAND OR WIFE VIRGINIA LEE NELLOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Lee Address 3782 WASHINGTON ST. MO. VIRGINIA LEE NELLOR, KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>General Arteriosclerosis</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year _____			
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		COUNTY STATE	
21. I attended the deceased from <u>May 2-62</u> to <u>May 3-62</u> and last saw ^{her} _{him} live on <u>May 3, 1962</u> Death occurred at <u>11.30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Otto W. Theel M.D.</u>		22b. ADDRESS <u>4301 Main St. KCMo</u>	
22c. DATE SIGNED <u>5-4-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAY 5, 1962</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>HIGHLAND PARK CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

USE BLACK INK OR TYPEWRITER RIBBON

DR. OTTO W. THEEL
4301 MAIN STREET
N. 1100-5:00

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 Leub. Michael

Licensed Embalmer No. 4340

P. O. Address X.C., 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.