

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019780

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 107

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p>FILED JUN 15 1962</p>		<p>1. PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p>	
<p>a. COUNTY <u>Pemiscot</u></p>		<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u></p>		<p>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pem. County Mem. Hsp.</u></p>		<p>Length of stay in 1b <u>15 Min.</u></p>		<p>c. CITY OR TOWN <u>Caruthersville</u></p>	
<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS <u>Route One, Box 209</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print)</p>		<p>4. DATE OF DEATH</p>		<p>5. SEX</p>	
<p>First <u>Richard</u> Middle <u>Earl</u> Last <u>Nelson</u></p>		<p>Month <u>May</u> Day <u>29</u>, Year <u>1962</u></p>		<p>Male <input checked="" type="checkbox"/> Female <input type="checkbox"/></p>	
<p>6. COLOR OR RACE <u>Negro</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>5/28/62</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>None</u></p>		<p>9. AGE (last birthday) <u>1</u></p>	
<p>13a. FATHER'S NAME <u>Richard Louis Nelson</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Estoria Davis</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Caruthersville, mo.</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>17. INFORMANT <u>Richard L. Nelson</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>X</u></p>		<p>Address <u>Rt. 1 Caruthersville, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs</u></p>	
<p>IMMEDIATE CAUSE (a) <u>Cerebral Contusion</u></p>					
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Difficult labor of</u></p>					
<p>DUE TO (c) <u>mother</u></p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Low vitality of infant. Did not breathe spontaneously</u></p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u>12:15</u> a.m. p.m.</p>		<p>Month, Day, Year <u>5-28-62</u></p>		<p>20f. CITY, TOWN, OR LOCATION <u>Caruthersville, Mo.</u></p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>5-28-62</u> to <u>5-29-62</u> and last saw him alive on <u>5-29-62</u></p>					
<p>Death occurred at <u>12:15 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Caruthersville, Mo.</u></p>		<p>22c. DATE SIGNED <u>6-4-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>May 29, 1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u></p>	
<p>24. FUNERAL DIRECTOR <u>H.S. Smith</u></p>		<p>ADDRESS <u>F. Home, Caruthersville, Mo.</u></p>		<p>23d. LOCATION (City, town, or County) (State) <u>Caruthersville, Missouri</u></p>	
<p>25. DATE RECD. BY LOCAL REG. <u>6-6-62</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u></p>			

Burial permit was obtained.
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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 _____ Signed _____

Signature of Student Embalmer
This body was not embalmed

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.