

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024067

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 196 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

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUL 15 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b> Length of stay in 1b <b>6 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home--609 E. Benton</b> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
c. CITY OR TOWN <b>Windsor</b> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. STREET ADDRESS (If outside, give location) <b>609 E. Benton St.</b> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First <b>LORENTZ</b> Middle <b>NELSON</b> Last <b>NELSON</b>	
4. DATE OF DEATH Month <b>July</b> Day <b>10</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-25-1891</b>
9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rt. farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <b>Stillwell, Minnesota</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Lawrence Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Johnson</b>
14. NAME OF HUSBAND OR WIFE <b>Helen M. Vance Nelson</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WVI</b>
16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Helen M. Nelson Windsor, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Collapse</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> DUE TO (b) <b>Parkinson's Disease</b> <b>30 yrs</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	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 <b>4:00 P. M.</b> Month, Day, Year <b>July 10, 1963</b>	
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 <b>Windsor Mo.</b> COUNTY <b>Henry</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Dec 1958</b> to <b>July 10, 1963</b> and last saw him alive on <b>July 10, 1963</b> Death occurred at <b>4:00 P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>William J. Smith M.D.</b>	22b. ADDRESS <b>Windsor Mo.</b>
22c. DATE SIGNED <b>7/11/63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>July 15, 1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Newcomer's</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Clifford Gouge</b> ADDRESS <b>Windsor, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 12-1963</b>
26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

USE BLACK INK OR TYPEWRITER RIBBON

700452-1112

July 18 1963

JUL 18 1963

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Permit Obtained 7-12-63 (M.B.)

**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 Clifford George

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.