

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037886

Registration District No. 231

Primary Registration District No. _____

Registrar's No. 194

STATE FILE NUMBER _____

FILED OCT 16 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Guildford</u> | | c. CITY OR TOWN <u>Bolckow</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in 1b <u>✓</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|--------------------------------|---|--|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Donald Leroy Nelson</u> | | | 4. DATE OF DEATH Month Day Year <u>10-9-1961</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>Cau</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-3-1939</u> | 9. AGE (last birthday) <u>22</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | |
| 11. BIRTHPLACE (City and state or country) <u>Maryville, Mo</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13. FATHER'S NAME <u>Ray M. Nelson</u> | | | 14. NAME OF MOTHER'S MAIDEN NAME <u>Evelyn Anderson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>496-42-1171</u> | | |
| 17. INFORMANT <u>Mrs. Twyla V. Nelson</u> | | | Address <u>Bolckow, 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: IMMEDIATE CAUSE (a) <u>Brown, laceration</u> DUE TO (b) <u>Compound Fracture of hand</u> DUE TO (c) <u>Intest</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple internal & external injuries</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 checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Truck in which he was riding</u> | |
| 20c. TIME OF INJURY Hour <u>10:45</u> a.m. Month, Day, Year <u>10-9-1961</u> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad Crossing 1 mile South of Guildford (Guildford, Nod. Mo.)</u> | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <u>Guildford, Nod. Mo.</u> | | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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|--|-------------------------------|---|--|--|--|
| 22a. SIGNATURE <u>B. F. Byland M.D.</u> | | 22b. ADDRESS <u>Maryville Mo.</u> | | 22c. DATE SIGNED <u>10/10/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-12-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Graves Cem</u> | | 23d. LOCATION (City, town, or country) (State) <u>Guildford Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Atkinson, Maryville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-10-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Bess Boll</u> | |

(Licensed Embalmer's Statement on Reverse Side)

1961 2 AON

OCT 24 1961

JUN 5 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

George M. Atchison

Licensed Embalmer No.

5114

P. O. Address

Maryville

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.