

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4990  
716

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		STREET ADDRESS (If rural, give location) <b>4310 Warwick Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4310 Warwick Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lynn</b> b. (Middle) <b>B.</b> c. (Last) <b>Nelson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 24, 1905</b>
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrical Cons</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shelton, North Dakota</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bartholmay</b>	14. NAME OF HUSBAND OR WIFE <b>Ann Galvin Nelson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>496-05-4845</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ann Galvin Nelson --- Wife</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of colon</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION <b>6-24-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of colon</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>54</b> , to <b>Feb 15</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Feb 15</b> , 19 <b>55</b> and that death occurred at <b>10:30</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E.N. Gentry</b>		23b. ADDRESS (Degree or title) <b>MD</b>	23c. DATE SIGNED <b>Feb 16/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/18/55</b>	24c. NAME OF CEMETERY OR CREMATORY, <b>St. Marys</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>2-16-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Quirk &amp; Tobin-20 W. Linwood, K.C. Mo.</b>	