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STATE OF MISSOURI }
 CITY OF JEFFERSON }^{ss} I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of



Garland H. Land
 State Registrar of Vital Statistics

NOV 5 1987

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH
 FLED NOV 20 1985 CERTIFICATE OF DEATH 124
 REGISTRATION DISTRICT NO. PRIMARY REGISTRATION DISTRICT NO. REGISTERED NO. 85-307416

1 DECEASED NAME FIRST MIDDLE LAST FRANCES B NELSON			2 SEX FEMALE	3 DATE OF DEATH (M., Day, Yr.) NOV. 5, 1985
4 RACE White	5 AGE 66	6a US BIRTHDAY MO. DAY YEAR	6b US BIRTHDAY HOURS MIN	7 DATE OF BIRTH (M., Day, Yr.) Feb. 14, 1919
8 CITY, TOWN OR LOCATION OF DEATH Kirkwood		9 HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) St. Joseph Hospital		
10 STATE OF BIRTH (If not in U.S. give country) Iowa	11 CITIZEN OF WHAT COUNTRY USA	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	13 SURVIVING SPOUSE (If with, give maiden name) Charles A. Nelson	14 WAS DECEASED EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
15 SOCIAL SECURITY NUMBER 478-16-3380		16 USUAL OCCUPATION (Line Limit: 1 work done during period of working life even if retired) Secretary Valvoline Oil Co. Retired Secretary		
17 RESIDENCE STATE Missouri	18 COUNTY Jefferson	19 CITY, TOWN OR LOCATION AND ZIP CODE High Ridge 63049	20 STREET AND NUMBER 1808 Rainbow Drive	21 INSIDE CITY LIMITS (Under 1st of 1977) no
22 FATHER NAME FIRST MIDDLE LAST Henry Bakoff		23 MOTHER MAIDEN NAME FIRST MIDDLE LAST Fannie Turina		
24 INFORMANT NAME (Type of Person) Mr. Charles A. Nelson				
25 MAILING ADDRESS P.O. Box 452 Fenton Mo 63026				
26 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial Nov. 8, 1985		27 CEMETERY OR CREMATORY NAME National Cemetery	28 LOCATION St Louis Mo 63125	
29 FUNERAL SERVICE (Name of Person Acting As Such) Fieser Funeral Home		30 NAME OF FACILITY Fenton Mo 63026		
31 REGISTRAR George E. Banta MD		32 DATE RECEIVED BY REGISTRAR (M., Day, Yr.) NOV 15 1985		
33a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. DATE SIGNED (M., Day, Yr.) 11/11/85		33b On the basis of examination and/or investigation, the expiration death occurred at the time, date and place and due to the cause(s) stated. DATE SIGNED (M., Day, Yr.) 11/11/85		
34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Person) Chadwick Jones		35 HOURS OF DEATH 6:05 P		
36 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type of Person) CHOTCHAI SRISURO 533 LOUCH AVE. ST. LOUIS MO 63196		37 NO LICENSE NO. 33196		
38 IMMEDIATE CAUSE Wide spread cancer of ovary		39 IF HOSP OR INST. Indicates DOA (Dying Room, Intensive Care, Operating Room) inpatient		
40 PART I DUE TO OR AS A CONSEQUENCE OF		41		
42 PART II OTHER SIGNIFICANT CONDITIONS		43		
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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day
 of January A.D., 19 93 at 11:52 o'clock A.M., and duly recorded in Vol. M93
 of Deeds on Page 1326

FEE \$ 10.00

Evelyn Biehn County Clerk
 By Dorine M. M. M.