No. 300
10-48

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 490

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Cape Girardeau, Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau, Mo
c. LENGTH OF STAY (in this place) 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital Cape Girardeau, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Madrid, Mo.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Priscilla b. (Middle) c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1949

5. SEX F 3
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 25, 1896
9. AGE (In years last birthday) 53 | 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) New Madrid, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lewis Johnson
13b. MOTHER'S MAIDEN NAME Susan Hunt
14. NAME OF HUSBAND OR WIFE Sam Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Urie Sims, Chicago, Ill ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder
20. AUTOPSY? YES ☒ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* 1-1, 1949, *to* 1-22, 1949, *that I last saw the deceased alive on* 1-22, 1949, *and that death occurred at* 2:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Bueth (Degree or title)
23b. ADDRESS Cape Girardeau, Mo.
23c. DATE SIGNED 1-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 25, 1949
24c. NAME OF CEMETERY OR CREMATORY Fannie Powell Cemetery
24d. LOCATION (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. Feb. 1-1949
REGISTRAR'S SIGNATURE C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE Richards Hard. Co ADDRESS New Madrid Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

...ED

... Officer No. 4

... 249-18

... 2-7-49

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 ..... Student Embalmer

Signed Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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 this body is not embalmed, fact should be so stated above.