

No. 300
10.48

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5719

80
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Main St</u>	
3. NAME OF DECEASED a. (First) <u>Lewis</u> b. (Middle) <u>S</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 16 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-9-1897</u>
9. AGE (In years last birthday) <u>52</u>		10. MONTHS <u>1</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Service Motar</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mob. Pesticide</u>	11. BIRTHPLACE (State or foreign country) <u>Calloway Co. Mo. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Almer Nichols</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>Marine Corp</u>		16. SOCIAL SECURITY NO. <u>488-24-7076</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mable Nichols</u>		ADDRESS <u>Cedar City, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3rd degree Burns</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caught fire by</u> DUE TO (c) <u>Smoking</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>69/76</u> <u>69/40</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street or public place.) <u>Millinery Store</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb 10, 1949 9:30 m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>clothing caught fire while Smoking</u>	
22. I hereby certify that I attended the deceased from <u>2/10</u> , 1949, to <u>2/16</u> , 1949, that I last saw the deceased alive on <u>2/16</u> , 1949, and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr Oyer M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>2/16/49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-16-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>UNKNOWN</u>	
DATE REC'D BY LOCAL REG. <u>2-16-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Keckart</u>		ADDRESS <u>Sedalia, Mo.</u>	

RECEIVED

District Health Officer No. 8,
District File Number _____

Date Filed 2-21-49

APR 20 1949
DISTRICT HEALTH OFFICER
NO. 8

MAY 4 1958

MAR 3 1949

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.

Signed Frank A. Coffman Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.