

No. 300
10.48

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7638

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION 140 South Ellis Street		d. STREET ADDRESS (If rural, give location) 140 South Ellis Street	
3. NAME OF DECEASED (Type or Print) a. (First) Altha		b. (Middle) Burnice	
		c. (Last) Nichols	
4. DATE OF DEATH (Month) (Day) (Year) April 02, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 29, 1865
9. AGE (In years last birthday) 84		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) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Jackson, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Andrew Cracraft		13b. MOTHER'S MAIDEN NAME Elizabeth Lewis	
		14. NAME OF HUSBAND OR WIFE D.A. Nichols	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME D. Bourley		140 South Ellis St Cape Gir., Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cardio Renal Vascular Disease ANTECEDENT CAUSES Morbid 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		19b. MAJOR FINDINGS OF OPERATION 44	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21	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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from March, 1947 , to April 2, 1949 , that I last saw the deceased alive on April 2, 1949 , and that death occurred at 5:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) N. V. Ashley M.D.		23b. ADDRESS CAPE GIRARDEAU	
23c. DATE SIGNED 4/4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
DATE REC'D BY LOCAL REG. Apr 4-1949	REGISTRAR'S SIGNATURE G. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE E. H. Harmon
		ADDRESS Cape Gir., Mo.	

RECEIVED

Health Officer No. 4
File Number 4-49-4
4-11-49

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 *Edward A. Howard*

Licensed Embalmer No. *4122*

P. O. Address *Cape Cod*

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.