

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16623**BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 817 Grand Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) LOGAN		b. (Middle) ERNEST c. (Last) NICHOLS	
4. DATE OF DEATH May 10, 1949		5. SEX male 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 22, 1885	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe cutter	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jason Nichols		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Logan	
14. NAME OF HUSBAND OR WIFE Adeline Nichols		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Markell ADDRESS 301 Sunshine Terrace Hannibal, 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* (a) Coronary Thrombosis 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	
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) (Min.)		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 May 9, 1949 , to May 10, 1949 , that I last saw the deceased alive on May 9, 1949 , and that death occurred at 2:45p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) [Signature] M.D. (O)		23b. ADDRESS Hannibal, Mo.	
23c. DATE SIGNED May 17, 1949		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 5/13/49		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Hannibal, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hannibal Mo.	
DATE REC'D BY LOCAL REG. 5-19-49		REGISTRAR'S SIGNATURE [Signature]	

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

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 _____

Bennett R. Salzman Student Embalmer No. 272
working under my personal supervision.

Student Bennett R. Salzman Signed Paul Richard Brown
Student Embalmer

Licensed Embalmer No. 4324

P. O. Address Hannibal 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.