

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19934
State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>ROBERTSON ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERTSON ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Reginald</u> c. (Last) <u>Nicholson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6th, 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>March 21st, 1988</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Weight Master</u>	11. BIRTHPLACE (State or foreign country) <u>Moberly, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Barnett Fuel Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Nicholson</u>		13b. MOTHER'S MAIDEN NAME <u>Lois Beachboard</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Bella Nicholson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-01-6621</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bella Nicholson, Grandview, Missouri.</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, asthma; etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerotic degeneration</u> Morbidity 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. <u>none</u>	
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) _____		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 <u>March 1949</u> to <u>June 6, 1949</u> , that I last saw the deceased alive on <u>June 6, 1949</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. D. Hooper, M.D.</u>		23b. ADDRESS <u>1000 E. 12th St., Kansas City, Mo.</u>	
23c. DATE SIGNED <u>6/7/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 9-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/8/49</u>		REGISTRAR'S SIGNATURE <u>Dr. D. D. Hooper</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. G. Newcomb, Inc., K.C., Mo.</u>	

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

APR 25 1950

6232 J. Wood

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 Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address W. C. 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.