

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36416

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1251

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>	
c. LENGTH OF STAY (in this place) <u>4da.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EFFIE</u>	b. (Middle) <u>MICELINA</u>	c. (Last) <u>NICK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-17-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married - 1</u>	8. DATE OF BIRTH <u>Dec-18-1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife -</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Carter</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Slayton</u>	14. NAME OF HUSBAND OR WIFE <u>Bert Nick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Nick</u> ADDRESS <u>Lathrop Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Themia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5 92X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 13, 1949 to Nov 17, 1949, that I last saw the deceased alive on Nov 16, 1949, and that death occurred at 5:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. B. Jenkins M.D.</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>11-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-19-49</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>L. B. Jenkins</u>	582 25. FUNERAL DIRECTOR'S SIGNATURE <u>Do Moss CRUNK</u> ADDRESS <u>Cameroon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Harold L. Walker

Signed _____
Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Lathrop 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.