

No. 300
10.48

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43589

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6277 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Rural Hartville Boone Twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Boone TWP	
c. LENGTH OF STAY (In this place) 70 Yrs.		d. STREET ADDRESS (If rural, give location) 8 Mi North Hartville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Belle c. (Last) Nichols			4. DATE OF DEATH (Month) (Day) (Year) 12 14 1949		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-18-1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 1 IF UNDER 2 HRS. Hours 26 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wright County, Mo	
				12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Todd		13b. MOTHER'S MAIDEN NAME Martha Newton		14. NAME OF HUSBAND OR WIFE George W. 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 ADDRESS George W. Nichols Hartville 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 8 days
		ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic aortic regurgitation			
		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 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) m.		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 10-20, 1949, to 12-14, 1949, that I last saw the deceased alive on 12-12, 1949, and that death occurred at 12:30 PM from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS [Address]		23c. DATE SIGNED 12-15-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-16-1949		24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery		24d. LOCATION (City, town, or county) (State) Hartville, Mo.	
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DATE REC'D BY LOCAL REG. Dec. 31, 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1950

RECEIVED JAN 3 1950
District Health Office No. 6,
District File Number LSQ-19
Date Filed 1-3-50

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 Gene E. Holden

Signed.....
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.