

05 No. 300
Rev. 10-48

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3821

State File No.

0070

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

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5093 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-New Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-New Home</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SW of Butler - RFD 4</u>		d. STREET ADDRESS (If rural, give location) <u>SW of Butler - RFD 4</u>	
3. NAME OF DECEASED a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-50</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug-20-1895</u>
9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Pullen</u> 13b. MOTHER'S MAIDEN NAME <u>Bell</u> 14. NAME OF HUSBAND OR WIFE <u>Earl Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Nichols</u> ADDRESS <u>RFD Butler, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Chronic Bronchitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4228</u>	
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>Apr. 4</u> , 19 <u>49</u> , to <u>Feb. 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 7</u> , 19 <u>50</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carsten W. Luster MD</u> (Degree or title)		23b. ADDRESS <u>Butler, Mo.</u>	23c. DATE SIGNED <u>2/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dakhill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 17, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas Pulver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Douglas Pulver</u> ADDRESS <u>Butler, Mo.</u>	

Russ Niel (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 1-50-108

Date Filed 2-21-50

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.

Student
Student Embalmer

Signed Robert E. Steinbeck

Licensed Embalmer No. 7657

P. O. Address Butler, 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.