

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5919

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Farmington St. Francois	c. LENGTH OF STAY (in this place) township 10Y Mo. 22das.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James RURAL 0810	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) E. c. (Last) NICHOLAS			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 8, 1902		9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Phelps County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph F. Nicholas		13b. MOTHER'S MAIDEN NAME Mary Jane Lenox		14. NAME OF HUSBAND OR WIFE - None	
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 Records State Hospital No. 4, Farmington, 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) Bronchial Pneumonia - - - - - 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* Psychosis with mental deficiency. Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 das. 309X
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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) 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 Nov. 1, 1946, to Feb. 25, 1950, that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 1:35P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John A. Brennan M.D.</i>		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED No. 2-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-50	24c. NAME OF CEMETERY OR CREMATORY Asher Cemetery		24d. LOCATION (City, town, or county) (State) St. James, Missouri	

DATE REC'D BY LOCAL REG. Feb. 28, 1950	REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Licklider Funeral Home, St. James, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940
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RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-315

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 Paul H. Royal

Licensed Embalmer No. 4120

P. O. Address Lawnington Va

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.