S. No. 300
10.48

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

FILED MAR 11 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

7336

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 19

**1. PLACE OF DEATH**
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ----------

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bernie 1830
d. STREET ADDRESS (If rural, give location): Highway 25 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): James
c. (Last): Nichols

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 22, 1950

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Nov. 10, 1870
**9. AGE** (In years last birthday): 79 — If under 1 year: Months 3, Days 12 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Bookkeeper
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Stoddard County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: W James Asa Nichols
**13b. MOTHER'S MAIDEN NAME**: Mary Jane Daugherty
**14. NAME OF HUSBAND OR WIFE**: Ida Belle Nichols

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 497-16-0524
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Ida Nichols, ADDRESS: Bernie, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO (b)~~ thrombosis, edema, and chronic congestion of the lungs — 522X
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Asthma — Unknown

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 2-6-49, 1949, *to* Feb. 21, 1950, *that I last saw the deceased alive on* Feb. 21, 1950, *and that death occurred at* 4:45 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: F O Kelley (Degree or title): D.O.
**23b. ADDRESS**: Bernie, Mo.
**23c. DATE SIGNED**: 2-24-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-24-50
**24c. NAME OF CEMETERY OR CREMATORY**: Bernie
**24d. LOCATION** (City, town, or county) (State): Bernie, Missouri

**DATE REC'D BY LOCAL REG.**: 2-25-50
**REGISTRAR'S SIGNATURE**: Velma V. Jenkins 409
**25. FUNERAL DIRECTOR'S SIGNATURE**: Strickland-Rainey, ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 4 195

District Health Office No. 2

District File Number 550-16

Date Filed

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 J. E. Stuckmann

Licensed Embalmer No. 3479

P. O. Address Nevada, 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.