

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8030

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (In this place)		0239	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓		d. STREET ADDRESS (If rural, give location) <u>Madison Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jehoshaphat</u> b. (Middle) <u>W.</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-1950</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Nov 27-1851</u>		9. AGE (In years last birthday) <u>98</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>Blacksmith Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Bynthia N Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Leon Smith Kahoka 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular heart disease</u>		DUE TO (c) ..			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				417X	

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)		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 Dec 2, 1949, to April 21, 1950 that I last saw the deceased alive on March 17, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Regg M.D.</u> (Degree or title)		23b. ADDRESS <u>Kahoka Mo</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION REMOVAL		24b. DATE <u>3-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Kahoka Clark Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Charles Kahoka Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/25-50</u>		REGISTRAR'S SIGNATURE <u>J. H. Bridges</u>			

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

0230

RECEIVED

MAR 28 1950

District Health Officer No. 10

District File Number 3-50506

Date Filed MAR 28 1950

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

Fred Karle

Licensed Embalmer No. 1093

P. O. Address Kokomo 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.