

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11678

State File No.

FILED MAR 17 1950

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6176 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humphreys Taylor</u>		c. LENGTH OF STAY (in this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Humphreys</u> 1050	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>JOHN RILEY</u> b. (Middle) <u>NICHOLS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-50</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 30 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston Co Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Winfrey</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clyde Nichols Humphreys 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>Myocardial Chronic</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> Morbidity 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 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>47.21</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>1-1-</u> , 19 <u>49</u> , to <u>3-8-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-25-</u> , 19 <u>50</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Weston M.D.</u> (Degree or title)		23b. ADDRESS <u>Galt Mo</u>	
23c. DATE SIGNED <u>3-7-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Osage Mo Point</u>
DATE REC'D BY LOCAL REG. <u>March 13</u>	REGISTRAR'S SIGNATURE <u>Greta Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PR Payne</u> ADDRESS <u>Hon Galt Mo</u>	

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

1650

MS JAN 12 1950

MAR 15 1950

RECEIVED

District Health Officer No.

District File Number 3-50-46

Date Filed MAR 15 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 PK Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

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.