

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

FILED APR 21 1950

State File No. 12409

No. 300
10.48

0270

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

BIRTH NO. _____		REG. DIST. NO. <u>84</u>		PRIMARY REG. DIST. NO. <u>5319</u>		Registrar's No. <u>119</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Atterville Twp.</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Atterville Twp. 0270</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles north of Atterville</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mile north of Atterville, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>THOMAS-FRANKLIN-NICHOLS</u>						4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 9, 1869</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	11. UNDER 48 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin F. Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Rue</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena A. Nichols, Atterville</u>			
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. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lena A. Nichols, Atterville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral haemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>atherosclerosis advanced</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Myocarditis chronic</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>33 IX</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>March 26, 1950</u> , to <u>March 28, 1950</u> , that I last saw the deceased alive on <u>March 28, 1950</u> , and that death occurred at <u>12:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Jordan Saufache M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>3-28-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atterville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 29 1950</u>		REGISTRAR'S SIGNATURE <u>Nellie Mullett</u>		73		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hayes-Parsons Atterville, Mo.</u>	

APR 13

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-19-50.....

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.

Signed Robert L. Painter.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.