V.S. No. 300
Rev. 10.48

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

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17643A

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Oregon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thayer
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Home) Thayer Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Sharp
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hardy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Mollie b. (Middle) Jane c. (Last) Nicks
4. DATE OF DEATH (Month) May (Day) 30 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 2 1875
9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 10 Days: 28 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: George . Burns
13b. MOTHER'S MAIDEN NAME: Yancy Williams
14. NAME OF HUSBAND ~~OR WIFE~~: William A Nicks
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.:
17. INFORMANT'S SIGNATURE OR NAME: B U Nicks ADDRESS: Hardy Ark

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:35 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Lee (Doc) Martin (Degree or title): Coroner
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED: 6-1-50
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-2-50
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Violet Hill
24d. LOCATION (City, town, or county) (State): Violet Hill Ark
DATE REC'D BY LOCAL REG.: June 3 1950
REGISTRAR'S SIGNATURE: Ella Crass
25. FUNERAL DIRECTOR'S SIGNATURE: Higginbotham ADDRESS: Hardy Ark
(Licensed Embalmer's Statement on Reverse Side) Jean

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Leland Carter

Signed.....
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Thayer 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.