

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33378**

FILED OCT 23 1950

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montier	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Silas		b. (Middle) Biffle	
		c. (Last) Nicholson	
4. DATE OF DEATH (Month) (Day) (Year) Oct 14-50			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 9-1878
		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 6 Months
			IF UNDER 1 HR. 5 Hours
			IF UNDER 1 MIN. 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) Montier, Missouri	
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Alic Nicholson		13b. MOTHER'S MAIDEN NAME Mary Hess	
		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT'S SIGNATURE OR NAME Vivian Mason	
		ADDRESS Montier, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. 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 23 IX	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from <u>10/13, 1950</u> , to <u>10/14, 1950</u> , that I last saw the deceased alive on <u>10/14, 1950</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE James R. Shaffer D.D.		23b. ADDRESS Mtn View, Mo.	
		23c. DATE SIGNED 10/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-50	
		24c. NAME OF CEMETERY OR CREMATORY Montier	
		24d. LOCATION (City, town, or county) (State) Montier, Mo.	
DATE REC'D BY LOCAL REG. 10-18-50		REGISTRAR'S SIGNATURE Laura Mitchell	
		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home	
		ADDRESS Mtn View, Mo	

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

0460

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 21 1950

Dist. File 1050-2132
Date Filed 10-21-50

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.

Student
Student Embalmer

Signed *Joe B. Duncan*
Licensed Embalmer No. *4325*
P. O. Address *Mt. View 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.