

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34023

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>Lawrence</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>Mt. Vernon, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>27 days</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle)		c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 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>10-20-99</u>		9. AGE (In years last birthday) <u>50</u> # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 YEAR Hours # UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ashland, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Felix Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Nichols</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. <u>500-20-1980</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Record Clerk, Mt. Vernon</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		MO. INTERVAL BETWEEN ONSET AND DEATH <u>abt 16 mths</u>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the larynx</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 9-16, 1950, to 10-12, 1950, that I last saw the deceased alive on 10-12, 1950, and that death occurred at 6:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. U. Brasler M.D.</u>		23b. ADDRESS <u>Mt. Vernon Mo.</u>		23c. DATE SIGNED <u>10-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial, 13, 1950</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Missouri</u>	
24d. LOCATION (City, town, or county) (State)		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <u>Oct 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fossett Funeral Home Mt. Vernon</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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unknown

md

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

RECEIVED OCT 17 1950

Dist. File 1050-2124  
Date Filed 10-17-50

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed James W. Wair

Licensed Embalmer No. 4650

P. O. Address Mt. Vernon, Md.

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.