

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37725

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. ....

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> |  |
| b. CITY OR TOWN <u>Laplata</u>                         |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Laplata</u> <u>0610</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laplata</u> |  | d. STREET ADDRESS (If rural, give location) <u>Laplata</u>  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>David</u> b. (Middle) <u>Allen</u> c. (Last) <u>Nickell</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1950</u> |   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>                   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |  |
| 8. DATE OF BIRTH <u>Aug 8, 1867</u>  |  | 9. AGE (In years last birthday) <u>83</u>       |  | IF UNDER 1 YEAR Months Days   |  |
| 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>Farmer</u> |  | 11. BIRTH PLACE (State or foreign country) <u>Missouri</u>            |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |   |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Davidson A. Nickell</u>                               |  | 13b. MOTHER'S MAIDEN NAME <u>Amanda Snell</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Dee</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>No</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Denver Nickell</u> ADDRESS <u>Laplata, Mo.</u> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) <u>unknown</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>                                |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>senility</u>  |  |   |  | <u>2 1/2</u><br><u>unknown</u>   |  |
| 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) m. |  | 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 5-26, 1949, to 11-9, 1950 that I last saw the deceased alive on 11-9, 1950 and that death occurred at 4:35 p.m., from the causes and on the date stated above.

|   |  |                              |  |                                  |  |
|---|--|------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>Macon Mo</u> |  | 23c. DATE SIGNED <u>11-10-50</u> |  |
|---|--|------------------------------|--|----------------------------------|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>       |  | 24b. DATE <u>Nov 12 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Taber Cem.</u>                               |  |
| 24d. LOCATION (City, town, or county) (State) <u>Atlanta Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Macon Mo.</u> |  | DATE REC'D BY LOCAL REG. <u>Nov. 15 1950</u> REGISTRAR'S SIGNATURE <u>[Signature]</u> |  |

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

2610

RECEIVED 11.20.50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11.50.212  
Date Filed 11.21.50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Charles L. Hutton*

Signed.....

Student Embalmer

Licensed Embalmer No. 4577

P. O. Address *Macon, Geo*

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.