

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43364**

JAN 6 1951

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **199** Registrar's No. **57**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY TEXAS c. CITY (If outside corporate limits, write RURAL and give township) Clinton Twp.	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Cleo b. (Middle) Daisy c. (Last) Nicholson			4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1950		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 26 1870	9. AGE (In years last birthday) 80 yrs	IF UNDER 1 YEAR Hours Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Huray		13b. MOTHER'S MAIDEN NAME Martha Jones		14. NAME OF HUSBAND OR WIFE GEORGE Nicholson	
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herman Unterkircher ADDRESS R 6711 Grove 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
		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. Arterio sclerosis		1201 Many years	

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 **1946**, to **Dec 18, 1950**, that I last saw the deceased alive on **Dec 18, 1950**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Harriet King (Degree or title)		23b. ADDRESS Cabool Mo		23c. DATE SIGNED Dec 20/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 20-1950		24c. NAME OF CEMETERY OR CREMATORY Cabool	
				24d. LOCATION (City, town, or county) (State) Cabool Texas Co. Mo.	

DATE REC'D BY LOCAL REG. 12-21-50		REGISTRAR'S SIGNATURE Gayrell Curran Bigham 325		25. FUNERAL DIRECTOR'S SIGNATURE Gaylord V. Elliott ADDRESS Cabool Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED DEL 27 1950

Dist. File 1250-2565-

Date Filed 12-27-50

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

Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.