

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 17

1. PLACE OF DEATH
 a. COUNTY **KNOX**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **EDINA**
 c. LENGTH OF STAY (in this place) **3 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **KLEPNER HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **KNOX**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RURAL - SHELTON**
 d. STREET ADDRESS (If rural, give location) **4 1/2 MI S - HURDLAND**

3. NAME OF DECEASED (Type or Print)
 a. (First) **LERA** b. (Middle) **INEZ** c. (Last) **NICHOLS**
 4. DATE OF DEATH (Month) (Day) (Year) **MARCH 14 1951**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **SEPT. 6, 1885** 9. AGE (In years last birthday) **65** if UNDER 1 YEAR Months Days if UNDER 2 WKS. 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 **HOUSE KEEPING** 11. BIRTHPLACE (State or foreign country) **KNOX CO. MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WILLIAM S. TAYLOR** 13b. MOTHER'S MAIDEN NAME **LUCINDA LANGFORD** 14. NAME OF HUSBAND OR WIFE **WILLIAM A. NICHOLS - HURDLAND**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **WILLIAM A. NICHOLS - HURDLAND** ADDRESS **MO**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Scirrhus adeno carcinoma**
 ANTECEDENT CAUSES **Cholecystitis**
 *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
 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 **3 yrs.**
20 years

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) 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 **Feb 7**, 19**48**, to **March 14**, 19**51**, that I last saw the deceased alive on **March 14**, 19**51**, and that death occurred at **10:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm. W. Klepner, D.O.** 23b. ADDRESS **Edina, Mo.** 23c. DATE SIGNED **Mar 24 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **3/16, 1951** 24c. NAME OF CEMETERY OR CREMATORY **I O O F** 24d. LOCATION (City, town, or county) (State) **HURDLAND MISSOURI**

DATE REC'D BY LOCAL REG. **Mar 27 - 1951** REGISTRAR'S SIGNATURE **Wm. S. Hummel** 25. FUNERAL DIRECTOR'S SIGNATURE **Geo. H. Casby** ADDRESS **Hurdland Mo**

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

05200

Date Received: MAR 31 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-51-630
Date Filed: MAR 31 1951

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.....
Student Embalmer

Signed *Geoff Easley Jr.*
.....

Licensed Embalmer No. *3755*
.....

P. O. Address *Hurdland 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.