

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11351  
Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. <u>359</u>		PRIMARY REG. DIST. NO. <u>6219</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>VERNON</u>			
b. CITY OR TOWN <u>RURAL - DRYWOOD</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs</u>		c. CITY OR TOWN <u>RURAL - DRYWOOD</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If usual, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>NICKELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 7 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEB. 2, 1935</u>	
9. AGE (In years last birthday) <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>VERNON Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>DAVID J. NICKELSON</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE RING</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAVID J. NICKELSON - NEVADA, MO.</u> ADDRESS #3			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pr. Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know.</u>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency</u> <u>Severe Deforming Arthritis</u> Since <u>Birth</u>					
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>491X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>March 3-7, 1951</u> , to <u>March 8, 1951</u> , that I last saw the deceased alive on <u>March 7, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Love</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>3-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 9 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BICKETT</u>		24d. LOCATION (City, town, or county) (State) <u>VERNON CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 24 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Beery</u>		ADDRESS <u>Sheldon Mo</u>	

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

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

RECEIVED APR 2 1951

Dist. File 451-683

Date Filed 4-2-51

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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 R. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Shelton, 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.