

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11490

State File No. _____
Registrar's No. 29

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		State File No. _____		Registrar's No. 29			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanana</u>							
b. CITY OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (in this place township) <u>7 weeks</u>		c. CITY OR TOWN <u>St. Joseph</u>			8117				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12th & Gulf</u>				d. STREET ADDRESS (If rural, give location) <u>1905 Pacific St.</u>							
3. NAME OF DECEASED a. (First) <u>John</u>			b. (Middle) <u>Robert</u>			c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-1951</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>Sept. 6, 1872</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Building Constr.</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>			12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>W. H. Nichols</u>				13b. MOTHER'S MAIDEN NAME <u>Myra Tilghman</u>				14. NAME OF HUSBAND OR WIFE <u>Rosa E. Nichols</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. R. Nichols, St. Joseph, Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo. years.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4200</u>			
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 <u>3/20</u> , 19 <u>51</u> , to <u>5/4/51</u> , that I last saw the deceased alive on <u>4/30</u> , 19 <u>51</u> , and that death occurred at <u>3:30 Am.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>C. R. Cain</u> (Degree or title) _____						23b. ADDRESS <u>Lamar Mo.</u>			23c. DATE SIGNED <u>5/4/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/7/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>MAY 4 - 1951</u>		REGISTRAR'S SIGNATURE <u>Marie Konarski</u>		14 _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence W. Childs Lamar Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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Dr. Cain

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

RECEIVED MAY 7 1951

Dist. File 5-51-9117

Date Filed 5-9-51

MAY 14 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 *Clarence H. Chiles*

Signed.....
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address *Lamar 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.