

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16067

State File No.

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 40

0310
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>DAVIESS</u>	
b. CITY OR TOWN <u>JAMESPORT</u>	c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY OR TOWN <u>JAMESPORT 0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>MO.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>NICKELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIAGE: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>JULY 24-1878</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>8</u> IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>DAVIESS CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>AM</u>

13a. FATHER'S NAME <u>ANDREW J. SCOTT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN</u>		14. NAME OF HUSBAND OR WIFE _____	
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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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. F. Nickell - Bethany, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	_____ <u>Pericarditis Aneurysm</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbidity 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.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Jan 10-1950, to May 2-1951, that I last saw the deceased alive on May 1-1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Nickell</u> (Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED <u>5-8-51</u>	
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24a. BURIAL. CREMATION, TOMB, REINTERMENT (Specify) _____	24b. DATE <u>5-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PIKOT GROVE #2</u>	24d. LOCATION (City, town, or county) (State) <u>DAVIESS MO.</u>		
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DATE REC'D BY LOCAL REG. <u>14 May 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Nickell</u>	ADDRESS _____		
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Rolland Richardson*.....

Licensed Embalmer No. *4715*.....

P. O. Address *Genevieve, 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.