No. 300
10.48

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

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21092

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
c. LENGTH OF STAY (In this place): 16yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore 0920
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Fannie b. (Middle) Stark c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year): June 3 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 6 1874
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR: Months 6 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home duties
11. BIRTHPLACE (State or foreign country): Stark Station Ill
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Milton Stark
13b. MOTHER'S MAIDEN NAME: Grow
14. NAME OF HUSBAND OR WIFE: Wm. Nichols

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: Wm. Nichols ADDRESS: Gilmore Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1yr.
DUE TO (c) Arteriosclerosis — 3yr.

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: 4201
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) m.
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* 10-1, 1950, *to* 6-3, 1951, *that I last saw the deceased alive on* June 3, 1951, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. E. Bargesen (Degree or title) D.O.
23b. ADDRESS: Wentzville, Mo
23c. DATE SIGNED: 6-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6-51
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: June 6 1951
REGISTRAR'S SIGNATURE: Martin F. Duffy
408
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: T.E. Pitman Funeral Home

(If Embalmed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 23 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

DEC 14 1954

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 Annetta M. Tillman

Licensed Embalmer No. 3055

P. O. Address Wentzville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.