

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26628**
Registrar's No. **733**

FILED SEP 4 1957
BIRTH NO.

REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE 0396		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2120 N. WELLER		d. STREET ADDRESS (If rural, give location) 2120 N. WELLER 0	

3. NAME OF DECEASED (Type or Print) a. (First) L b. (Middle) FRANKLIN c. (Last) NICHOLS	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 25 1951
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH DEC. 18, 1865	9. AGE (In years last birthday) 85	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FRISCO WORKER	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (State or foreign country) MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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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) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VIOLET WALTON	17. ADDRESS SPRINGFIELD
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 13 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	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 4200	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 **2-20, 1949** to **8-24, 1957**, that I last saw the deceased alive on **8-24, 1951**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Paul C. Norton M.D.	22b. ADDRESS 1635 N. Jefferson Springfield Missouri	22c. DATE SIGNED 8-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 27-51	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 8-27-51	REGISTRAR'S SIGNATURE W. E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.	ADDRESS M. S.
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DL 1-1-1917

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.