

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27312

|   |                              |  |  |  |   |  |                               |   |                              |  |
|---|------------------------------|--|--|--|---|--|-------------------------------|---|------------------------------|--|
| BIRTH NO. _____   |                              | REG. DIST. NO. 146   |  | PRIMARY REG. DIST. NO. 3026  |   | Registrar's No. 318  |                               |   |                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                              |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> |   |  |                               | b. COUNTY <b>Jackson</b>  |                              |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>  |                              | c. LENGTH OF STAY (in this place) <b>45 yrs.</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>                   |   | 0485   |                               |   |                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1223 W. Sea Street</b>   |                              |  |  | d. STREET ADDRESS (If rural, give location) <b>1223 W. Sea Street</b>  |   |  |                               | 0   |                              |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                              |  | a. (First) <b>John</b>                 |  | b. (Middle) <b>Selby</b>  |  | c. (Last) <b>Nicks</b>        |   |                              |  |
| 4. DATE OF DEATH  |                              | (Month) <b>8</b>   |  | (Day) <b>23</b>  |   | (Year) <b>1951</b>   |                               |   |                              |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Col.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>8/22/1882</b>      |  | 9. AGE (In years last birthday) <b>69</b>                         | IF UNDER 1 YEAR Months <b>1</b>  | IF UNDER 1 YEAR Days <b>1</b> | IF UNDER 1 YEAR Hours <b></b>   | IF UNDER 1 YEAR Min. <b></b> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>   |                              |  | 10b. KIND OF BUSINESS OR INDUSTRY      |  | 11. BIRTHPLACE (State or foreign country) <b>Knoxville, Tenn.</b> |  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |                              |  |
| 13a. FATHER'S NAME <b>Albert Nicks</b>  |                              |  | 13b. MOTHER'S MAIDEN NAME <b>Betty</b> |  |   | 14. NAME OF HUSBAND OR WIFE <b>Francis Nicks</b>   |                               |   |                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                              | 16. SOCIAL SECURITY NO. <b>496-16-2991</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Francis Nicks</b>  |   |  |                               |   | ADDRESS <b>1223 W. Sea</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Hypertensive Heart Disease</b>   |  |  |   |  |                               | INTERVAL BETWEEN ONSET AND DEATH <b>years</b>                                       |                              |  |
|   |                              | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arterial Hypertension</b> |  |  |   |  |                               | <b>years</b>  |                              |  |
|   |                              | DUE TO (c) <b>marked Arteriosclerosis Cor Bovinum (marked)</b>   |  |  |   |  |                               |   |                              |  |
|   |                              | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                              |  |  |   |  |                               |   |                              |  |
| 19a. DATE OF OPERATION  |                              | 19b. MAJOR FINDINGS OF OPERATION <b>443X</b>   |  |  |   |  |                               | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                              |  |
| 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 <b>April 29 1951</b> , to <b>August 23, 1951</b> , that I last saw the deceased alive on <b>August 7, 1951</b> , and that death occurred at <b>8:45 a.m.</b> , from the causes and on the date stated above. |                              |  |  |  |   |  |                               |   |                              |  |
| 23a. SIGNATURE <b>W. A. Robinson</b>  |                              |  |  | (Degree or title) <b>Med.</b>  |   | 23b. ADDRESS <b>North Bank Bldg Independence, Mo.</b>  |                               | 23c. DATE SIGNED <b>8/24/51</b>   |                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                              | 24b. DATE <b>8/27/51</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>                    |                               |   |                              |  |
| DATE REC'D BY LOCAL REG. <b>Aug. 26-1951</b>  |                              | REGISTRAR'S SIGNATURE <b>R. M. ...</b>   |  | 354  |   | 25. FUNERAL DIRECTOR'S (SO ON SHARE) ADDRESS <b>West. Appleton &amp; Jones, Inc. 1905 Vine</b> |                               |   |                              |  |

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 REGD

20250

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

*J. Malone*

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.