

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29201

State File No.

BIRTH NO. _____ REG. DIST. NO. 525 PRIMARY REG. DIST. NO. 6097 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Independence</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Independence</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Louisa</u> a. (First)			<u>Nicholson</u> b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1951</u>			5. SEX <u>F</u> 6. COLOR OR RACE <u>W</u>			
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>May 4, 1866</u>		9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR Months <u>4</u> Days <u>1</u> if UNDER 4 HRS. Hours <u>1</u> Min.	
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		11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Christian Schuybach</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Mullett</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y/N, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Junior Nicholson, Downing, Mo.</u> ADDRESS		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malaria</u> ANTECEDENT CAUSES <u>Due to (b) <u>Cancer stomach & liver</u></u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer stomach & liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>about 3 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? 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) (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 <u>July 30, 1951</u> , to <u>Sept 5, 1951</u> , that I last saw the deceased alive on <u>Sept 5, 1951</u> , and that death occurred at <u>8:42 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>J. Dawson</u> (Degree or title)			23b. ADDRESS <u>Downing, Mo.</u>		23c. DATE SIGNED <u>9/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webster Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>		DATE RECD BY LOCAL REG <u>Sept. 6/51</u> REGISTRAR'S SIGNATURE <u>Rosa A. P. Drake</u> 353				
25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home, Downing, Mo.</u>		ADDRESS				

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

980
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Date Received: SEP 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1601
Date Filed: SEP 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.