

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30980

State File No. ....

FILED SEP 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 15

760 /

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

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois, Rural - Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME CHAMOIS, MO</u>		d. STREET ADDRESS (If rural, give location) <u>9 mile South of Chamois</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4-1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 15-1877</u>
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri U.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Amzi Nichols</u>	
13b. MOTHER'S MAIDEN NAME <u>CAROLINE</u>		14. (NAME OF HUSBAND OR WIFE) <u>Coffelt Mattie J Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>K Slete Nichols</u>		ADDRESS <u>Chamois, Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate &amp; Bladder</u> 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"/>		<u>177X</u>	
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>June 4, 1951</u> , to <u>9-1-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-1-</u> , 19 <u>51</u> , and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth</u>		23b. ADDRESS <u>Chamois, Mo.</u>	
23c. DATE SIGNED <u>9-6-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6 Sept 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Osage County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley G. Meyer</u>	
DATE REC'D BY LOCAL REG. <u>9-6-51</u>		REGISTRAR'S SIGNATURE <u>Anna Moran</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley G. Meyer</u>		ADDRESS <u>Chamois, Mo</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 1

SEP 13 1951

RECEIVED

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.

Signed Stanley E. Meyer

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4639

P. O. Address Chambers, 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.