

No. 300
10. 48

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32498

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5048 Registrar's No. 75

1. PLACE OF DEATH

a. COUNTY Barry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McDonald

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Barry

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McDonald, Purdy 00511

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) Lawrence

b. (Middle) W.

c. (Last) Nickle

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

October 2, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 1, 1877

9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.

74 5 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Nickle

13b. MOTHER'S MAIDEN NAME Hattie Jones

14. NAME OF HUSBAND OR WIFE Donnie Nickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donnie Nickle Purdy, Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatism

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 18 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 610X

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 9-12, 1951, to 10-2, 1951, that I last saw the deceased alive on 9-26, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) J. D. Barduen

23b. ADDRESS Purdy Mo

23c. DATE SIGNED 10-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 5, 1951

24c. NAME OF CEMETERY OR CREMATORY Sparks

24d. LOCATION (City, town, or county) (State) Barry Mo.

DATE REC'D BY LOCAL REG. 10-11-1951

REGISTRAR'S SIGNATURE Grace Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. E. Culver - Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 15 1951

Dist. File 1031-1832

Date Filed 10-12-51

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. E. Cilver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.