

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4095</u>		Registrar's No. <u>131</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and inclusion) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Missouri.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel, Mo. 0190</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At own home.</u>				d. STREET ADDRESS No. numbers <u>_____</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA JANE</u> b. (Middle) <u>(SHEILA)</u> c. (Last) <u>NICHOLS.</u>			4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>19,</u> (Year) <u>1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 18, 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	IF UNDER 48 HRS. Hours <u>_____</u> Min. <u>_____</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household duties.</u>		11. BIRTHPLACE (State or foreign country) <u>Miami Co. Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter F. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Hill</u>		14. NAME OF HUSBAND OR WIFE <u>H. Clayton 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 ADDRESS <u>Mrs. Esther N. Smith, Wichita, Ks.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Patrol Valve Lesion - distant</u> <u>From childhood</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>one month</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) _____		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>Sept 15,</u> 1951, to <u>Oct. 19,</u> 1951, that I last saw the deceased alive on <u>Oct. 19, 1951,</u> and that death occurred at <u>2:30 p.m.,</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doris Entwistle M. D.</u>			23b. ADDRESS <u>Drexel, Missouri.</u>		23c. DATE SIGNED <u>10/19/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/21/51</u>		REGISTRAR'S SIGNATURE <u>Nora Bernard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0190

RECEIVED

OCT 27 1951

CASB. COUNTY
HEALTH DEPARTMENT

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, ~~XXX~~ personally

~~Student Embalmer No.~~

~~working under XXX person's supervision~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~
Student Embalmer

Signed


Licensed Embalmer No. 1049

P. O. Address Drexel, 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.