

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38500**

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Crooked River Twp.	c. LENGTH OF STAY (In this place) 16 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Crooked River Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.E. Henrietta, Mo.		d. STREET ADDRESS (If rural, give location) Rural-4 miles N.E. Henrietta	

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) Allen c. (Last) Nichols			4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1882		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Allen	13b. MOTHER'S MAIDEN NAME Lucy Warren	14. NAME OF HUSBAND OR WIFE James Nichols
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Patchen, Excelsior Spgs. Mo		ADDRESS
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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) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 10-30, 1950, to 11-4, 1951, that I last saw the deceased alive on 3-20, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. M. Smith	(Degree or title) M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 11-6-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-7-1951	24c. NAME OF CEMETERY OR CREMATORY Hardin Cemetery	24d. LOCATION (City, town, or county) (State) Ray County Missouri
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DATE REC'D BY LOCAL REG. Nov 19-1951	REGISTRAR'S SIGNATURE Malcolm Jackson	273	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890
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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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Md

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.