

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4165

State File No.

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 63

143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Darlington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hertlet</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Darlington</u>	
c. LENGTH OF STAY (In this place) <u>14-10M-13D</u>		d. STREET ADDRESS (If rural, give location) <u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>S</u> c. (Last) <u>NICHOLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1952</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Jan 15 1890</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF OVER 1 YEAR Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>			11. BIRTHPLACE (State or foreign country) <u>Georgia</u>			12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
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13a. FATHER'S NAME <u>Emil Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Caffelt</u>			14. NAME OF HUSBAND OR WIFE <u>deceased</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rebecca State Hospital, Fulton</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>						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. <u>Senile Psychosis</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>						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)	
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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?	
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22. I hereby certify that I attended the deceased from Feb 20, 1952 to Feb 24, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at 39 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Caldwell M.D.</u>		23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>2/24/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried Feb. 26-1952</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Shirley</u>		24d. LOCATION (City, town, or county) (State) <u>Osage County - Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 24-1952</u>		REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vernon Norton Linn, Mo.</u>	
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OCT 1 1950

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 Vernon M. Moxton

Licensed Embalmer No. 4125

P. O. Address Lincoln 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.