

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

6064

State File No. ....

**FILED FEB 18 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 19

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>Pulaski</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Pulaski</u>
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Herbert</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Nickels</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<u>1 28 52</u>

<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Oct 29 - 1890</u>	<b>9. AGE</b> (In years last birthday) <u>61</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 6 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Laquey, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James T. Nickels</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Parsons</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Leona B. Nickels</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME - ADDRESS</b> <u>Harry Nickels, Barnett, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>16 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute myocardial infarction</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Richland, Missouri</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from** 1-12, 1952, to 1-28, 1952, that I last saw the deceased alive on 1-28, 1952, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Ben Kinsman M.D.</u>	<b>23b. ADDRESS</b> <u>Richland, Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-28-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1/31/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Ann's Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Richland, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-12-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Paula Mae Anderson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>R. J. Seepel</u>	<b>ADDRESS</b> <u>Richland</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

500

0.300

0.48

RECEIVED 2-12-52  
Pulaski County Health Officers  
File Number  
Date Filed 2-16-52

**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 *R. B. Reese*

Licensed Embalmer No. *3198*

P. O. Address *Richmond 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.