

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6161

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY <i>St. Francis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bonne Terre mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mineral Point</i>		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bonne Terre Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Henry</i> c. (Last) <i>Nickels</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 14 1952</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov. 6 1884</i>	9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months <i>3</i>	IF UNDER 1 YEAR Days <i>8</i>	IF UNDER 1 YEAR Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Salem mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Samuel J. Nickels</i>			13b. MOTHER'S MAIDEN NAME <i>Jane Skiles</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles R. Nickels</i> ADDRESS <i>badet mo.</i>			
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) <i>Cerebral hemorrhage</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>Coronary vascular disease</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs</i> <i>unknown</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4221</i>				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) 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 <i>Feb 14</i> , 19 <i>52</i> , to <i>Feb 14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Feb 14</i> , 19 <i>52</i> , and that death occurred at <i>12 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. L. Foster</i> (Degree or title) <i>MS</i>			23b. ADDRESS <i>W. Slope, Mo.</i>			23c. DATE SIGNED <i>Feb 16 1952</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-17-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Higgins Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Feb. 16, 1952</i>		REGISTRAR'S SIGNATURE <i>Ethel R. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mrs. Luther ...</i> ADDRESS <i>Potosi mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Murphy L. Sparks

Licensed Embalmer No. *4236*

P. O. Address *Flat 1111 No*

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.