

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

15776

State File No. _____

FILED JUN 11 1952

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5761 Registrar's No. 8

0141

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

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Calloway</u>		
b. CITY OR TOWN <u>New Bloomfield</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Fulton Mo 5143</u>		d. STREET ADDRESS (If rural, give location) <u>Fisher Connelbert Home</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Shelton</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jun 5 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>within 1870</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway Co. Mo.</u>		12. COUNTRY OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>R. H. Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances Nichols</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Nichols Fulton Mo.</u> ADDRESS _____			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>was found in front of his open room shack where he lived</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</u> DUE TO (b) <u>had been dead a couple of days apparently some sort of</u> DUE TO (c) <u>heart failure</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____
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) <u>Cedar Gap Calloway Mo</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>M. Barrett</u> (Degree or title) <u>Cornet</u>			23b. ADDRESS <u>Fulton</u>		23c. DATE SIGNED <u>6/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June - 5 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bloomfield East</u>	24d. LOCATION (City, town, or county) (State) <u>New Bloomfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>June 5 - 52</u>	REGISTRAR'S SIGNATURE <u>Leroy Clayton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt - Clayton</u>	ADDRESS <u>Sen. J. B. Mo.</u>		

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 _____

Licensed Embalmer No. 4412

P. O. Address _____

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.