

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

State File No. **17115**

FILED JUN 12 1952

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3037** Registrar's No. **76**

0550

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) McTernon		c. CITY (If outside corporate limits, write RURAL and give township) McTernon 0550	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) S. McConse 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print) a. (First) Miss Flora Ann b. (Middle) Nickman c. (Last) Nickman			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 17, 1872		9. AGE (In years, last birthday) 80 1/22	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. McTernon		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Thomas Nickman		13b. MOTHER'S MAIDEN NAME Elizabeth Orr		14. NAME OF HUSBAND OR WIFE Single	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Betty Welles Cherry		ADDRESS Cherry	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure				INTERVAL BETWEEN ONSET AND DEATH Immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of bronchi at hilar region.					
		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		20. AUTOPSY? 162 X YES <input type="checkbox"/> NO <input 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) (Min.)			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 **4/23**, 19**52**, to **6/9**, 19**52**, that I last saw the deceased alive on **5/9**, 19**52**, and that death occurred at **7:42** a.m., from the causes and on the date stated above.

23a. SIGNATURE Berneth Glover MD (Print or title)		23b. ADDRESS McTernon Mo		23c. DATE SIGNED 6/9/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 52		24c. NAME OF CEMETERY OR CREMATORY Brick Church		24d. LOCATION (City, town, or county) (State) 7 mi North McTernon Mo	
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DATE REC'D BY LOCAL REG. 6-9-52		REGISTRAR'S SIGNATURE Paul Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Over		ADDRESS McTernon Mo	
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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.....

Geo B Owen

Licensed Embalmer No. *946*

P. O. Address *McKernon 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.