

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24239

FILED AUG 12 1952

BIRTH MO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u> 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1811 BALTIMORE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BEVERLY</u> b. (Middle) <u>N.</u> c. (Last) <u>Nichols</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN. 2, 1936</u>	9. AGE (In years last birthday) <u>16</u> <u>6</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (State or foreign country) <u>Spickard, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wayne Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Howe</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Nichols Denton Mo</u>	ADDRESS _____
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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>Fractured Skull - Broken neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>041</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Grand Road Near Wellman</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Harrison</u> (COUNTY) <u>Greene</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-10-52 4p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Wreck</u>

22. I hereby certify that I attended the deceased from July 10, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cliver T. Duffy MD</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>July 10, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Union Cem</u>	24d. LOCATION (City, town, or county) <u>Greene County Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-12-52</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u>	ADDRESS <u>Denton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X. No. 300 10-48

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 J. Gordon Blackman.....

Licensed Embalmer No. 4602.....

P. O. Address Trenton, 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.