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10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27289

State File No. _____

SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5132 Registrar's No. 950

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) Wayne Township		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1719 Center St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles So. of St. Joseph			

3. NAME OF DECEASED (Type or Print)	a. (First) Wilburn	b. (Middle) Henry	c. (Last) Nicholson	4. DATE OF DEATH (Month) (Day) (Year) September 4, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 1, 1915	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cutter	10b. KIND OF BUSINESS OR INDUSTRY garment company	11. BIRTHPLACE (State or foreign country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ernest Nicholson	13b. MOTHER'S MAIDEN NAME Opal Todd	14. NAME OF HUSBAND OR WIFE Veda H.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-09-6871	17. INFORMANT'S SIGNATURE OR NAME Mrs. Veda Nicholson, 1719 Center St. Joseph	ADDRESS St. Joseph
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing Injury of right chest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of left ankle. Numerous bruises over the body and limbs DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death Man was fatally injured on state		E 810 4 26	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Highway #59, two miles South of St. Joseph, Mo	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Memorial Highway	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wayne Buchanan Mo	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Wayne Buchanan Mo
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21d. TIME OF INJURY Sept 4 - 1952 10:00 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? (3 cons) Automobile Collision
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22. I hereby certify that I ~~attended~~ ^{viewed} the deceased from 9/5, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 P m., from the causes and on the date stated above.

23a. SIGNATURE H F Mundy MD (Carson)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 9/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/8/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. Sept. 11, 1952	REGISTRAR'S SIGNATURE Carl C. Carson	25. FUNERAL DIRECTOR'S SIGNATURE Heatow Bowman Funeral Home	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph 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.