

No. 300  
10-48

STANDARD CERTIFICATE OF DEATH

27888  
State File No.

MAILED SEP 2 - 1952

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Haskell</i> <i>460</i>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wilson</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mountain View</i>		c. LENGTH OF STAY (If in place) <i>1 Day</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Neodesha Kans.</i> <i>8150</i>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>1020 Ohio St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Older</i> b. (Middle) <i>Yae</i> c. (Last) <i>Nichols</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 7-1952</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>		8. DATE OF BIRTH <i>July 8-1949</i>		9. AGE (In years, if under 1 year, last birthday) (Months) (Days) (Hours) (Mins.) <i>3</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country) <i>Wilson Co. Kansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>A.J. Nichols</i>			13b. FATHER'S MAIDEN NAME <i>Thelma Gopher</i>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT'S SIGNATURE OR NAME <i>A.J. Nichols</i> ADDRESS <i>Neodesha Kans.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Injury</i> INTERVAL BETWEEN ONSET AND DEATH <i>One hour</i> ANTECEDENT CAUSES DUE TO (b) <i>Basal Skull fracture</i> <i>one hour</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E9108</i> <i>46</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>101</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Cure Shop</i>		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE) <i>Winona Shawnee MO</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 7-52 4Pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Concrete Vase fell on head</i>			
22. I hereby certify that I attended the deceased from <i>Aug 7, 1952</i> , to <i>Aug 7, 1952</i> , that I last saw the deceased alive on <i>Aug 7, 1952</i> , and that death occurred at <i>5 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Thomas R. Skaggs M.D.</i> (Degree or title)				23b. ADDRESS <i>Mt. View Mo.</i>		23c. DATE SIGNED <i>Aug 19-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug 8-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Neodesha Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Neodesha Kans.</i>	
DATE REC'D BY LOCAL REG. <i>19-5-52</i>		REGISTRAR'S SIGNATURE <i>Laura Mitchell</i>		F. FUNERAL DIRECTOR'S SIGNATURE <i>Skinner</i>		ADDRESS <i>Funeral Home Mt View Mo</i>	

(Licensed Embalmers' Statement on Reverse Side)

**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

*James P. Brennan*

Licensed Embalmer No. *4375*

P. O. Address *Putnam, N. Y.*

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.