

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30905**

Shaver
FILED OCT 15 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 463

120
1

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff, Mo. Rural		c. CITY (If outside corporate limits, write RURAL and give township) Fisk 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Rural Route 1 0	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) C. c. (Last) Nicholson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 25, 1904	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR 2 Months	IF UNDER 1 YEAR 3 Days	IF UNDER 1 HRS. 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Floral, Ark. 1	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James C. Nicholson	13b. MOTHER'S MAIDEN NAME Jessie Houston	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Commie Nicholson, Fisk, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma from automobile</u>		
	ANTECEDENT CAUSES Morbid 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.		E 8124 25	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway 60	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff, Miss. Butler Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 9/28-52 Sunday 12:00 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by an automobile while walking along highway
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that last saw the deceased alive on _____, 19____, and that death occurred at **12: A.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Green W. Green</i> (Degree or title) 3 Coroner	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED Oct 3-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-1-52	24c. NAME OF CEMETERY OR CREMATORY Ash Hill Cem.	24d. LOCATION (City, town, or county) (State) Ash Hill, Mo.
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DATE REC'D BY LOCAL REG. Oct 6 1952	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> 428-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 14 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052-497

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, ~~as by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St Poplarville

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.