

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37977**

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5236 Registrar's No. 72

2209

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural - Box 7up.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural - Box 7up.</u>		0709
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. S. Eldorado Springs</u>			d. STREET ADDRESS (If rural, give location) <u>Route 3, Eldorado Springs</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>Nicholas</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 7, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Charles Nicholas</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Curingham</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Nicholas</u>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Nicholas</u>		ADDRESS <u>13 E. Main St.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		DUE TO (b)			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? YES <input type="checkbox"/> NO <input checked="" 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) <u>4222</u>	
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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 May 25, 1951, to 2 Nov, 1952, that I last saw the deceased alive, on 22 Nov, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Hill M.D.</u>		23b. ADDRESS <u>Eldorado Springs, Mo.</u>		23c. DATE SIGNED <u>22 Nov 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Love Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar Co Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>NOV. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>George W. Hines</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin-Casothy</u>		ADDRESS <u>Eldorado Springs</u>	
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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 May W. Ruckling

Licensed Embalmer No. 46962

P. O. Address El Dorado Springs

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.