

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6545

State File No. 132

FILED FEB 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, if different; residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin - GALANA Township</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 3 - GALANA Township</u>			

3. NAME OF DECEASED  
(Type or Print) a. (First) MARY b. (Middle) H. c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year) 2-5-1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 5-15-1878 9. AGE (In years, last birthday) 75 10. Months 1 11. Days 15 12. Hours 15 13. Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Brown 13b. MOTHER'S MAIDEN NAME Geneva Morehead 14. NAME OF HUSBAND OR WIFE Hsell Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give unit or dates of service) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME Hsell Nichols ADDRESS Joplin, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CHRONIC MYOCARDITIS INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) MASSIVE EDEMA OF THE

DUE TO (c) ABDOMEN AND LIMBS 6 WEEKS

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  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from DEC 28, 1952, to FEB 5, 1953, that I last saw the deceased alive on FEB 5, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS DO. 530 1/2 Main Joplin, Mo. 23c. DATE SIGNED 2-9-53

24a. BURIAL, CREMATION, REMOVAL REMOVAL 24b. DATE 2-5-53 24c. NAME OF CEMETERY OR CREMATORY CHURCH 24d. LOCATION (City, town, or county) (State) MIAMI, OKLA.

DATE REC'D BY LOCAL REG. 2/19/53 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 138 Robinson Hill - Diltion, Joplin, Mo.

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

04702  
495

RECEIVED 2-24-53  
Jasper County Health Office

County File Number 53/2/191

Date Filed 2-25-53

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 *Cecil G. Howland* .....

Licensed Embalmer No. 3590 .....

P. O. Address *Jasper, 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.