

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **130693**

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Potosi</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Potosi</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		OR TOWN <b>1100</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Andy</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Nickelson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 14 1953</b>		
5. SEX <b>Male</b>		6. COLOR OF RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 1 1870</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b> IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b></b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>Richwood Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.G.</b>		

13a. FATHER'S NAME <b>Joseph L. Nickelson</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine Rulo</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Nickelson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph L. Nickelson St. Louis Mo</b>	

18. CAUSE OF DEATH Enter 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) <b>CEREBRAL HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 hours</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension</b>		<b>5 years</b>	
		DUE TO (c) <b>ARTERIO SCLEROSIS</b>		<b>5 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **MARCH 13, 1953**, to **MARCH 14, 1953**, that I last saw the deceased alive on **MARCH 14, 1953**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward W. Lake Jr. M.D.</b>		23b. ADDRESS <b>Potosi, Missouri</b>		23c. DATE SIGNED <b>Mar. 16, 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-15-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Potosi Masonic Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>Potosi Mo</b>	

DATE REC'D BY LOCAL REG. <b>3/17/53</b>		REGISTRAR'S SIGNATURE <b>Helen</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wanda Mrs. Luther Spahr</b>	
				ADDRESS <b>Potosi Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

100  
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RECEIVED

WASH. COUNTY HEALTH DEPT.  
File No. 353-4524

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 Murphy Lepusko

Licensed Embalmer No. 4386

P. O. Address Flat River, 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.