

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13465

State File No.

FILED APR 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>151</u>			
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>01432</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fulton</u>)		c. LENGTH OF STAY (in this place) <u>642m</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is he/she a resident of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0396</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>				e. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) _____		c. (Last) <u>NICHOLS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 16 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>Jan 4 - 1920</u>		9. AGE (In years) (Months) (Days) <u>33 3</u>	
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 <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W J Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Della Hale</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>DK</u>			16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.J. Nichols</u>			ADDRESS <u>Springfield Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>7 B. pulmonary</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) <u>002 X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychoses with mental</u> <u>deficiency (P)</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
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 <u>4-15</u> , 19 <u>53</u> , to <u>4-16, 1953</u> , that I last saw the deceased alive on <u>4-16, 1953</u> and that death occurred at <u>1230 m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J Henry Fowler MD</u>				23b. ADDRESS <u>State Hos #1 Fulton Mo</u>			23c. DATE SIGNED <u>4-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Weeks</u>		ADDRESS <u>Fulton Mo</u>			

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

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
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.