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Reg. 110,623

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20336

FILED JUN 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1461

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. LENGTH OF STAY (in this place) 13 Days	c. CITY OR TOWN COLLINSVILLE
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 731 BOND AVE.		8120	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) J.	c. (Last) NICHOLS	4. DATE OF DEATH (Month) (Day) (Year) 5/25/53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 7/15/95	9. AGE (In years last birthday) 57 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) Collinsville, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM NICHOLS	13b. MOTHER'S MAIDEN NAME MARY COURTNEY	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) YES WORLD I	16. SOCIAL SECURITY NO. 343-09-2226	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	ANTECEDENT CAUSES Morbidity 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.			

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) NONE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A. m.	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 5/12, 1953, to 5/25, 1953, and that death occurred at 4:27 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Uni A Parkhill M.D.	23b. ADDRESS V.A. HOSPITAL JEFF. BRKS. MO.	23c. DATE SIGNED 5/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 1953	24c. NAME OF CEMETERY OR CREMATORY St. John	24d. LOCATION (City, town, or county) (State) Collinsville, Ill.
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DATE REC'D BY LOCAL REG. 5-26-53	REGISTRAR'S SIGNATURE Herbert R. Daulton M.D.	FUNERAL DIRECTOR'S SIGNATURE Taul C. Proctor	ADDRESS Collinsville, Illinois
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

Not Embalmed

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..... *Sue H. Clem*

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.