

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27686**  
Registrar's No. **86**

FILED **AUG 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **4031** Registrar's No. **86**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Bates</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b> c. LENGTH OF STAY (In this place) <b>12 years</b> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b> d. STREET ADDRESS (If rural, give location) _____	
--	--	---	--

<b>3. NAME OF DECEASED</b> a. (First) <b>John</b> b. (Middle) <b>Elisha</b> c. (Last) <b>Nichol</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 26, 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 14, 1872</b>	<b>9. AGE</b> (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>	IF UNDER 5 MIN. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Bates Co. Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Lucius Nichol</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louisa Bagby</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Belle Nichol</b>
---	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Mrs. Belle Nichol, Adrian Mo.</b>
--	---	---

<b>18. CAUSE OF DEATH</b> Enter only 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary thrombi</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition</b> DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>few months</b>  <b>6 mo.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Adrian Bates Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 8-23, 1941, to 8-26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>D.S. Cole</b>	<b>23b. ADDRESS</b> <b>Adrian Mo.</b>	<b>23c. DATE SIGNED</b> <b>Aug 27 '53</b>
---	--	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8-28-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Crescent Hill Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Adrian Mo.</b>
---	------------------------------------	--	---

<b>DATE REC'D BY LOCAL REG.</b> <b>8-28-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Myra Owens</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>Funeral Service Adrian Mo.</b>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

0070  
1

**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 \_\_\_\_\_ *Adrian Mo*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.