

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29504

State File No.

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Bemissat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bemissat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS <u>2800 1/2 S. 28th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert L</u> b. (Middle) <u>Nichols</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-53</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-1-1884</u>	9. AGE (In years last birthday) <u>69</u> 2 <u>9</u> Months <u>2</u> Days <u>9</u> Hours <u>15</u> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Obion Co Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Nichols</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Nichols</u>	ADDRESS <u>Steele Mo</u>
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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, asthenia, 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) <u>Carcinoma of Prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Steele Bemissat Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 8-10-53 to 8-12-53, that I last saw the deceased alive on 8-12-53, and that death occurred at 9:52 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J R Chapman M.D.</u>	23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>8/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-12-53</u>	REGISTRAR'S SIGNATURE <u>J. S. ...</u>	249 GENERAL DIRECTOR'S SIGNATURE <u>J. S. ...</u>	ADDRESS <u>Steele Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0780
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J. R. Chapman
FILED AUG 17 1953

8-263-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 14 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John H. Gorman

Signed.....

Student Embalmer

Licensed Embalmer No. 4356

P. O. Address Hayti, 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.