

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38188

State File No.

BIRTH NO. FILED DEC 8 1953 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SALTRIVER		c. LENGTH OF STAY (in this place) 8 MON.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEILL REST HAVEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO	
		d. STREET ADDRESS (If rural, give location) 321 N. WASHINGTON ST.	

3. NAME OF DECEASED (Type or Print)		a. (First) MARY	b. (Middle) HAMILTON	c. (Last) NICHOLS	4. DATE OF DEATH (Month) (Day) (Year) DEC. 2, 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH — 1870	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		11. BIRTHPLACE (City and State or Foreign Country) BOONE CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME JAMES A. NICHOLS		13b. MOTHER'S MAIDEN NAME NANCY SNELL		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. MINNIE BRIDGEMAN	
				ADDRESS MEXICO, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DECEASED DIED WITHOUT MEDICAL ATTENTION		IN HER BED AT NEILL REST HAVEN, HISTORY SHOWED THAT SHE SUFFERED FROM A HEART CONDITION				NO EVIDENCE OF VIOLENCE OR FOU L PLAY	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				HEART	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				NO JURY CORONER VERDICT CORNARY	
		DUE TO (b)				DISEASE ON EMBALMING THE VEINS WERE	
		DUE TO (c)				VERY HARD AND BRITTLE THE BLOOD WAS BLOC	
		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 BLOCKED IN THE VEINS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Saltriver		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Audrain Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None			

22. I hereby certify that I attended the deceased from Coroner Court, to —, 19—, that I last saw the deceased Sudden on Dec. 2, 1953 and that death occurred at 8:32 Am., from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams, M.D. Coroner, Mexico, Mo.		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 12-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-53		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
				24d. LOCATION (City, town, or county) (State) Mexico, Mo.	
DATE REC'D BY LOCAL REG. Dec 2, 1953		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Tad E. Smith, Mexico, Mo	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address

Mexico 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.