

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44865

State File No.

FILED DEC 18 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 192

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | | c. CITY OR TOWN <u>Sikeston</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>7 hours</u> | | e. STREET ADDRESS (If rural, give location) <u>630 William St.</u> <u>1003</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp.</u> | | | |

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|-------------------------------------|----------------------------|------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LORANZIE</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>Nicholas</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 5 1953</u> |
|-------------------------------------|----------------------------|------------------------|---------------------------|--|

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|----------------------|-------------------------------|---|-----------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1-19-1887</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 10 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-----------------------------------|---|---|---|

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|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Portageville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

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|---------------------------------------|---------------------------------|--|
| 13a. FATHER'S NAME <u>George Ward</u> | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE <u>Norval Nicholas, Dec.</u> |
|---------------------------------------|---------------------------------|--|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Nicholas, Sikeston, Mo.</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u> |
|--|--|--|

| | | |
|---|---|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|---|----------------------------------|

22. I hereby certify that I attended the deceased from 12-4, 1953, to 12-5, 1953, that I last saw the deceased alive on 12/4, 1953, and that death occurred at 1:00A m., from the causes and on the date stated above.

| | | |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Thomas C. McClure, M.D.</u> | 23b. ADDRESS <u>Sikeston Mo.</u> | 23c. DATE SIGNED <u>12/7/53</u> |
|---|----------------------------------|---------------------------------|

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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>12-6-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u> |
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|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>12-8-53</u> | REGISTRAR'S SIGNATURE <u>Mrs. Helen Hunter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home</u> | ADDRESS <u>Sikeston Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10-48

RECEIVED DEC 14 1953
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1253-268

JAN 29 1954

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Lekeston

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.