

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1602

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u>) c. LENGTH OF STAY (in this place) <u>12 hrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>University Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ashland</u> 0100 d. STREET ADDRESS (If rural, give location) <u>1</u>	
--	--	---	--

3. NAME OF DECEASED a. (First) <u>Ezra</u> (Type or Print)	b. (Middle) <u>Lee</u>	c. (Last) <u>Nichols</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1954</u>
---	------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 3 1873</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months <u>5</u>	if UNDER 24 HRS. Days <u>19</u>	if UNDER 24 HRS. Hours <u>19</u>	if UNDER 24 HRS. Min. <u>19</u>
------------------------------	---	---	---	--	---------------------------------	---------------------------------	----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Nathan Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Sapp</u>	14. NAME OF HUSBAND OR WIFE <u>Rebecca Nichols</u>
--	--	--

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>Mrs. Rebecca Nichols Ashland, Mo.</u>	ADDRESS _____
--	---	--	-------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mercuritic thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
--	---	--

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

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>Ashland Boone Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 March, 1953, to Jan 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Haroldwick</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ashland Mo.</u>	23c. DATE SIGNED <u>1-29-54</u>
--	-------------------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co. Missouri</u>
---	--	---	---

DATE REC'D BY LOCAL REG. <u>Jan 26 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett Ashland Mo.</u>	ADDRESS _____
---	--	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 *W. C. Burnett*

Licensed Embalmer No. *3567*

P. O. Address *Ashland, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.