

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4392**

FILED MAR 10 1954

BIRTH NO. _____ REG. DIST. NO. **16** PRIMARY REG. DIST. NO. **5329** Registrar's No. **5-1954**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Central Township	c. LENGTH OF STAY (In this place) 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) W. J. Darnville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, No. 3, Owensville, Mo.		d. STREET ADDRESS (If rural, give location) Central Township	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Edward c. (Last) Nickliday			4. DATE OF DEATH (Month) (Day) (Year) 3-5-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-11-1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 24 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Texas Prairie, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles T. Nickliday	13b. MOTHER'S MAIDEN NAME Abreca Ann Wright	14. NAME OF HUSBAND OR WIFE Nellie Anne
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. No.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Nellie Ann Nickliday, Owensville, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arteriosclerosis		5 yrs.
	DUE TO (c) Hypertension		6 wks +
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 443X1	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **1-18**, 19**54**, to **3-5**, 19**54**, that I last saw the deceased alive on **3-2**, 19**54**, and that death occurred at **1:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul A. Bennett, M.D.		23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 3-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-7-1954	24c. NAME OF CEMETERY OR CREMATORY Nickliday Cemetery	24d. LOCATION (City, town, or county) (State) Texas Prairie, Mo.
DATE REC'D BY LOCAL REG. 3-8-1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature], Potosi, Mo.	

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3472

P. O. Address Calhoun 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.