No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5311

State File No.

BIRTH NO. FILED MAR 1 1954 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5613 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Benton
c. LENGTH OF STAY (In this place): 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home near Edina, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: Williamstown, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural, near Williamstown, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elbert
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): Febr. 26, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 7, 1879
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Clark Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Nichols
13b. MOTHER'S MAIDEN NAME: Amelia Price
14. NAME OF HUSBAND OR WIFE: Lydia F. McClain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Cecil E. Nichols — ADDRESS: New London, Ia.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Bladder Questionable Operation
DUE TO (c) with Skeletal Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 181X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 23, 1954 *to* Feb. 25, 1954 *that I last saw the deceased alive on* Feb. 25, 1954 *and that death occurred at* 12:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis M. Rosenthal M.D.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: Feb. 26, '54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Febr. 28, 1954.
24c. NAME OF CEMETERY OR CREMATORY: Providence Ceme.
24d. LOCATION (City, town, or county) (State): Lewis Co. Missouri

DATE REC'D BY LOCAL REG.: Feb. 27-54
REGISTRAR'S SIGNATURE: Nell S. Hunter 151-0
25. FUNERAL DIRECTOR'S SIGNATURE: Earl A. Barkley — ADDRESS: Canton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl H. Buckley

Licensed Embalmer No. 261

P. O. Address Canton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.