

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7845**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5127** Registrar's No. **338**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jackson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jackson	
c. LENGTH OF STAY (In this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) R.R. #1, Dearborn	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. # 1, Dearborn			

3. NAME OF DECEASED (Type or Print) Ruby Elizabeth Nichols			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1954		
a. (First)	b. (Middle)		c. (Last)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 5/29/1882	9. AGE (In years last birthday) 71	<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 WEEK
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Buchanan County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Reuben Nichols		13b. MOTHER'S MAIDEN NAME America Cheatem		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Flaney, Trimble Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Second and Third degree Burns of the entire body excepting the feet		ANTECEDENT CAUSES DUE TO (b) Woman apparently saturated her clothing with kerosene oil, while out on the yard of her home			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Fit a match and set her clothing on fire she then went out on the highway			
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		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson, Buchanan, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 26 - 1954 12:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Woman setting fire to her own clothes	

22. I hereby certify that I caused the deceased from **on 3/26, 1954, to**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, M.D. (Coroner)		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 3/29/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/1954		24c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cemetery	
				24d. LOCATION (City, town, or county) (State) Dearborn, Missouri	

DATE REC'D BY LOCAL REG. Mar 30, 1954		REGISTRAR'S SIGNATURE Walter M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Rollins & Nash Edgerton, Mo.	
		485		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Mo. 300
10. 48

1110

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~~ _____

was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Virian R. Nash

Licensed Embalmer No.

3947

P. O. Address

Edgerton, 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.