

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8371**

FILED MAR 29 1954 REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Bethany</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bethany</b>	
c. LENGTH OF STAY (In this place) <b>5 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>Bethany Hospital</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>EDWARD</b> b. (Middle) <b>RICHARD</b> c. (Last) <b>NICKERSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 10, 1887</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Tenant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Garden City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George W. Nickerson</b>		13b. MOTHER'S MAIDEN NAME <b>Eunice C. Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Leora Pearl Nickerson (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Bonnie Nickerson, Bethany, Mo.</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Renal cell carcinoma of left kidney</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				
		DUE TO (c) _____			<b>180X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>metastasis to brain.</b>					<b>2 mo.</b>	

19a. DATE OF OPERATION <b>8-20-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Renal cell carcinoma</b>			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)		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 **3-5**, 19**53**, to **3-25**, 19**54**, that I last saw the deceased alive on **3-25**, 19**54**, and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Miriam Carbert MD</b> (Degree or title)		23b. ADDRESS <b>Bethany, Mo.</b>		23c. DATE SIGNED <b>3/27/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 28, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miriam Cemetery Bethany, Mo.</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark L. Goutel, Bethany, Mo.</b> ADDRESS			
DATE REC'D BY LOCAL REG. <b>3/27/54</b>		REGISTRAR'S SIGNATURE <b>Zola Burrell</b>			

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

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MAR 31 1955

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 Embalmer No.....

Signed *Clark L. Foutch*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4831*.....

P. O. Address *Bethany, 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.