

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8701**

BIRTH NOTIFIED **MAR 21 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002** Registrar's No. **1062**

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Jackson</i>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN: <i>Kansas City, Rural</i>	
c. LENGTH OF STAY (In this place) <i>18da-23da</i>		d. Is Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Children's Mercy Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>3801 Pittman Road 7001</i>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <i>Herbert</i> b. (Middle) <i>Lester</i> c. (Last) <i>Nicks Jr.</i>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>Mar 8, 1954</i>	
<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>white</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <i>child</i>	<b>8. DATE OF BIRTH</b> <i>Jan 13, 1954</i>
<b>9. AGE</b> (In years last birthday) <i>1</i> if UNDER 1 YEAR <i>23</i> Days if UNDER 1 Hrs. if UNDER 1 Min.		<b>10. BIRTHPLACE</b> (City and State or Foreign Country) <i>4 Kansas City, Missouri</i>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>child</i>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <i>USA</i>	
<b>13a. FATHER'S NAME</b> <i>Herbert Lester Nicks Sr.</i>		<b>13b. MOTHER'S MAIDEN NAME</b> <i>Beverly Ann Bankson</i>	
<b>14. NAME OF HUSBAND OR WIFE</b> <i>none</i>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Herbert Nicks Jr., 3801 Pittman Rd., Kansas City, Mo.</i>	
<b>17. ADDRESS</b>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	
<b>18. CAUSE OF DEATH</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES DUE TO (b) <i>(c) Diarrhea (cause unknown)</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>(b) mesenteric adenitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>  <i>4 days</i>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<i>5710</i>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE)		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <i>2-17</i>, 1954, to <i>3-8</i>, 1954, that I last saw the deceased alive on <i>3-8</i>, 1954, and that death occurred at <i>4:15 p. m.</i>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>Wayne Hart</i> (Degree or title)		<b>23b. ADDRESS</b> <i>Mercy Hospital</i>	
<b>23c. DATE SIGNED</b> <i>3-8-54</i>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <i>Rural</i>	
<b>24b. DATE</b> <i>Mar-10 1954</i>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <i>Green Lawn</i>	
<b>24d. LOCATION</b> (City, town, or county) (State) <i>Kansas City Missouri</i>		<b>DATE REC'D BY LOCAL REG.</b> <i>3-9-54</i>	
<b>REGISTRAR'S SIGNATURE</b> <i>Geraldine Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>W.C.R. Foster</i>	
<b>ADDRESS</b> <i>R.C. No</i>			

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

APR 5 1950  
P.M.

Call from  
at 9.

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.....  
Signature of Student Embalmer

Signed.....  
*Joe B. Yoder*

Licensed Embalmer No. *417*

P. O. Address.....  
*K.C. 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.