

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12765

0200

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Montgomery Township</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Montgomery Township</u>		0700
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Nichols</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 19, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>William Boone Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Copher</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Vernie Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William L. Nichols, Mexico, Mo.</u>	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Chronic Myocarditis</u> <u>1-27-54</u>
		DUE TO (c) <u>Bronchial Asthma</u> <u>3-12-51</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>Prostatectomy</u> <u>10-14-42</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			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) <u>241X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>10-14, 1952</u> to <u>4-12, 1954</u> , that I last saw the deceased alive on <u>4-10, 1954</u> , and that death occurred at <u>7:25</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. L. Anderson, M.D.</u>		23b. ADDRESS <u>Montgomery City, Mo.</u>		23c. DATE SIGNED <u>4/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 15, '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>	
				24d. LOCATION (City, town, or township) (State) <u>Montgomery City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-15-54</u>		REGISTRAR'S SIGNATURE <u>Laura D. Callaway</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schlanke Funeral Home, Montgomery City, Mo.</u>	

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
Student Embalmer

Signed

E. Bruce Schlander

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, 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.