

FILED MAY 18 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14912

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4046 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsburg Mo.		e. LENGTH OF STAY (in this place) Life	
d. STREET ADDRESS Hartsburg Mo.		(If rural, give location)	

3. NAME OF DECEASED a. (First) Annie b. (Middle) _____ c. (Last) Nichols			4. DATE OF DEATH (Month) May (Day) 7 (Year) 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 4 1884		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 2 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Anderson C. Nichols		13b. MOTHER'S MAIDEN NAME Sarah Wren		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mazzie Baty Hartsburg Mo.	
17. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) High Blood Pressure				
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **May 1, 1954**, to **May 7, 1954**, that I last saw the deceased alive on **May 7, 1954**, and that death occurred at **6 PM**, from the causes and on the date stated above.

23a. SIGNATURE C. P. Megee (Degree or title) M.D.		23b. ADDRESS Hartsburg Mo		23c. DATE SIGNED May 9, 54	
--	--	-------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9 1954		24c. NAME OF CEMETERY OR CREMATORY Goshen Cent.		24d. LOCATION (City, town, or county) (State) Boone County Mo.	
--	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. May 9, 1954		REGISTRAR'S SIGNATURE Mrs Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE W. L. Burnett		ADDRESS Ashtand	
--	--	---	--	--	--	---------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

W^m C. Burnett

Licensed Embalmer No.

3564

P. O. Address

Ashland 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.