FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15625

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 7 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany 041
d. STREET ADDRESS (If rural, give location): East Central St.

3. NAME OF DECEASED (Type or Print)
a. (First): Raleigh
b. (Middle): Robert
c. (Last): Nickerson

4. DATE OF DEATH (Month) (Day) (Year): 5-23-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8-7-1878
9. AGE (In years last birthday): 75 — If under 1 year: Months 9, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Harrison County
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George W. Nickerson
13b. MOTHER'S MAIDEN NAME: Eunice Miller
14. NAME OF HUSBAND OR WIFE: Mary E. Nickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 493-38-9996
17. INFORMANT'S SIGNATURE OR NAME: Alloe Hart
ADDRESS: Bethany, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on ____, 19__, *to* 5-23, 1954, *that I last saw the deceased alive on* 4-23, 1954, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Broyles MD (Degree or title)
23b. ADDRESS: Bethany Mo.
23c. DATE SIGNED: 5/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-1954
24c. NAME OF CEMETERY OR CREMATORY: Mirram
24d. LOCATION (City, town, or county) (State): Bethany Mo.

DATE REC'D BY LOCAL REG.: 5/26/54
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: M. Haas
ADDRESS: Bethany, Mo.

(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 M B Hans

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.