

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy Rural</u> c. LENGTH OF STAY (in this place) <u>3Dys</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Memorial Hosp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hickory-Grove</u> d. STREET ADDRESS (If rural, give location) <u>1090</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Winifred</u> b. (Middle) <u>Jane</u> c. (Last) <u>Nickles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec 27 1880</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau CO Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hampton</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Nickles</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R.W. Nickles</u> ADDRESS <u>Fuktion 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>3</u> 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>443X</u>	
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 <u>5-12, 1954</u> , to <u>5-14, 1954</u> , that I last saw the deceased alive on <u>5-14, 1954</u> and that death occurred at <u>2:57 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edw. H. Humber DO</u>		23b. ADDRESS <u>Troy Mo.</u>	
23c. DATE SIGNED <u>5-15-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 16 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wright City MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg Furn & Und CO</u> ADDRESS <u>Wright City Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 17-1954</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	

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

0570

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 Julius J. Nieburg
Licensed Embalmer No. 3386

P. O. Address Wright 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.