

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1. PLACE OF DEATH a. CITY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James G.</u> b. (Middle) <u>Nickell</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-54</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>7-1-1880</u>
9. AGE (In years last birthday) <u>73</u>		<u>10</u> MONTHS	<u>6</u> DAYS
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Trainer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>M.R.F. Nickell</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Marinda Holton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leon Nickell</u> ADDRESS <u>Milan-110</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4-30-54</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Vasculi</u> DUE TO (c) <u>Diocese</u> 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"/>
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>443 X</u>	
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>4-30</u> , 19 <u>54</u> , to <u>5-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>54</u> , and that death occurred at <u>1</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Simpson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Milan</u>	23c. DATE SIGNED <u>5-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Cora Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 11-1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Schreier</u>	ADDRESS <u>Milan-Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1954

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 Dwight Schauer

Licensed Embalmer No. 21667

P. O. Address Wilkes - 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.