

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29698

State File No. _____

No. 300
10-48

FILED OCT 13 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>Two Days</u>	c. CITY OR TOWN <u>Memphis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0990 /</u>						
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Nicholson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 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>7-9-1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 1 YEAR Days <u>19</u>	IF UNDER 1 HRS. Hours <u>7</u>	IF UNDER 1 HRS. Min. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Naples, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		
13a. FATHER'S NAME <u>Robert Nicholson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Whitmore</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Nicholson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Nicholson</u>				ADDRESS <u>Memphis, 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>Cerebral arteriosclerosis, basal</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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. <u>Hypertension, degenerative</u>		_____					<u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</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)		_____		
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>10/2</u>, 19<u>54</u>, to <u>10/4</u>, 19<u>54</u>, that I last saw the deceased alive on <u>10/4</u>, 19<u>54</u>, and that death occurred at <u>1:50 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD.</u>			23b. ADDRESS <u>Kirksville, Mo</u>			23c. DATE SIGNED <u>10/4/54</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 6 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-6-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Memphis Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1952

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.....
Signature of Student Embalmer

Signed *Albert C. Gertz*.....

Licensed Embalmer No. *42*.....

P. O. Address *Memphis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.