

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34348

FILED OCT 21 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>206</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage, Mo.</u>		c. LENGTH OF STAY (in this place) <u>75 yrs.</u>		c. CITY OR TOWN <u>Carthage</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>McCune-Brooks Hospital</u>				STREET ADDRESS (If rural, give location) <u>1205 Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louetta</u> b. (Middle) <u>May</u> c. (Last) <u>Nichols</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-27-1873</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbus, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles W. Bruckley</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Hearing</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Nichols</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Veva Nichols</u> ADDRESS <u>1205 Main, Carthage, 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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
ANTECEDENT CAUSES Morbidity 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>11-27-1873</u>							
19a. DATE OF OPERATION <u>8 Oct 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fractured rt femur - (intertrochanteric)</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) <u>116</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>7 Oct</u> , 19 <u>54</u> , to <u>9 Oct</u> , 19 <u>54</u> that I last saw the deceased alive on <u>8 Oct</u> , 19 <u>54</u> and that death occurred at <u>12:05</u> ^A <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Burt</u> (Degree or title)				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>10-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 11-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Avilla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Avilla, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-10-54</u>		REGISTRAR'S SIGNATURE <u>W. H. Clinton</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KNELL MORTUARY, Carthage, Mo.</u> ADDRESS			

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 O. L. ISBELL, Student Embalmer No. 500 working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Kuel

Licensed Embalmer No. 449

P. O. Address Carthage

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.