

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36660**  
Registrar's No. **559**

BIRTH NO.		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>559</b>		
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>3 wks.</b>		c. CITY OR TOWN <b>Dexter</b>		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 <b>Poplar Bluff Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1001</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b>			b. (Middle) <b>Louise</b>		c. (Last) <b>Nichols</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, <sup>9</sup> WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept. 1, 1882</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife v</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>DuQuoin, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Wm. T. Dial</b>		13b. MOTHER'S MAIDEN NAME <b>Emiley Naice</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gene Nichols</b> ADDRESS <b>Dexter, Mo.</b>				
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>							
	DUE TO (b) _____							
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS <b>antetrochanteric fracture, simple, right femur</b>							
	Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222F</b>					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 <b>10-9</b> , 19 <b>54</b> , to <b>11-5</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>11-5</b> , 19 <b>54</b> , and that death occurred at <b>6:25 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Herbert Allen Nickerson MD</b>				23b. ADDRESS <b>Poplar Bluff Mo</b>		23c. DATE SIGNED <b>11-9-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11/11/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>		ADDRESS <b>Dexter, Mo.</b>		

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

RECEIVED  
NOV 15 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

NOV 15 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter Marsh Wether

Licensed Embalmer No. 4717

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