

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1550

State File No.

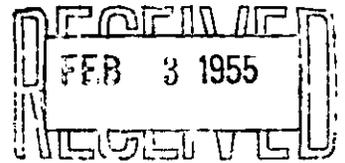
BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
d. CITY OR TOWN <u>Holden</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Blairstown</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holden Hospital</u> <u>0</u>				STREET ADDRESS (If rural, give location) <u>Rural Route #1</u> <u>0510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andy</u>			b. (Middle) <u>--</u>		c. (Last) <u>Nicola</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1/20/55</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 22, 1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hopkins, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Nicola</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Bressort</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia Hanson Nicola</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sophia Nicola, Blairstown, 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 Emboli</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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>Blairstown, Mo.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Jan 1, 1955</u> , to <u>Jan 20, 1955</u> , that I last saw the deceased alive on <u>Jan 20, 1955</u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John Samuel Palmberg, M.D.</u>				23b. ADDRESS <u>Holden, Mo.</u>		23c. DATE SIGNED <u>1-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wall</u>		24d. LOCATION (City, town, or county) (State) <u>Blairstown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1/23/55</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u> <u>150</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48



JOHNSON COUNTY HEALTH DEPT.

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.....

J. Wood

Licensed Embalmer No. 43

P. O. Address *Chilhowe*

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.