

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12536

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>LINCOLN Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANTON</u>		c. CITY OR TOWN <u>CANTON</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</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>MEYERS REST HOME</u>		STREET ADDRESS (If rural, give location) <u>CANTON Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES HENRY NICHOLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 29, 1871</u>	9. AGE (In years last birthday) <u>84</u>	10. UNDER 1 YEAR <u>23</u>	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williams Town</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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12a. FATHER'S NAME <u>James Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Howard Hells</u>	ADDRESS <u>Canton Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>	DUPLICATE		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUPLICATE		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>
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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?
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22. I hereby certify that I attended the deceased from Jan. 29, 1955, to April 22, 1955, that I last saw the deceased alive on April 22, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. W. Jennings M.D.</u> (Degree or title)	23b. ADDRESS <u>Canton Mo.</u>	23c. DATE SIGNED <u>4/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 24 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lewis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-23-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M & Coy Troy Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Wayne M & Coy*
Licensed Embalmer No... *35*
P. O. Address *Troy M*

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.