

FILED AUG 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22303
22303

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2242	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (Outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 1 month		c. CITY OR TOWN Hickman Mills		d. Is Residence within limits of City or incorporated town? No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHEAST Osteopathic				e. STREET ADDRESS (If rural, give location) 8750 East 83rd Street			
3. NAME OF DECEASED (Type or Print) a. (First) VeIma b. (Middle) Ruth c. (Last) Nichols			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1955				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 18, 1919	
9. AGE (In years) 35		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.		11. BIRTHPLACE (City and State or Foreign Country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William P. Creviston			13b. MOTHER'S MAIDEN NAME Opal M. Wood		14. NAME OF HUSBAND OR WIFE Cleo F. Nichols		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-03-3545		17. INFORMANT'S SIGNATURE OR NAME Cleo F. Nichols - Hickman Mills, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism Left chest DUPLICATE (b) Intra-abdominal Venous Thrombosis DUPLICATE (c) Cholecystectomy + Cholecystocholestomy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stones in Gall Bladder Cystic Common duct					INTERVAL BETWEEN ONSET AND DEATH 2 hrs ? '58 1/2 2 Weeks
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)		21d. 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 June 11, 1955, to July 8, 1955, and that death occurred at 10:55 a.m., from the causes and on the day stated above.							
23a. SIGNATURE (Degree or title) Frank E. Day, D.O.				23b. ADDRESS 4314 E 9th St.		23c. DATE SIGNED 7-9-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Mound Grove		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 7-11-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speakes ADDRESS Independence, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank E. Day, D.O.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley M. Seaton Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley M. Seaton

Licensed Embalmer No. 450

P. O. Address Edinburg, Tex.

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.