

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32309**
 BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1088**

1. PLACE OF DEATH a. COUNTY Buchanan.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph.	c. LENGTH OF STAY (in this place) 2 yrs. 1000 11 days	c. CITY OR TOWN Richmond.	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 State Hospital No. 2.		e. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print) JAMES	a. (First)	b. (Middle)	c. (Last) Nichols.	4. DATE OF DEATH 10-13-1955.
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5. SEX male.	6. COLOR OR RACE white.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH 3-12-1883.	9. AGE (In years last birthday) 72.	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY Agriculture.	11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Robert Nichols	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Pierce.	14. NAME OF HUSBAND OR WIFE BESSIE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME County Welfare Director - Richmond, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH on admission
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis. DUE TO (c) 4221		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 **9-24-1955**, to **10-13-1955**, that I last saw the deceased alive on **10-12-1955**, and that death occurred at **7:45A** m., from the causes and on the date stated above.

23a. SIGNATURE Robert Thomas.	(Degree or title) M.D.	23b. ADDRESS State Hospital No. 2, St. Joseph Mo	23c. DATE SIGNED 10-13-1955.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 10/13/1955	24c. NAME OF CEMETERY OR CREMATORY Richmond	24d. LOCATION (City, town, or county) (State) Richmond Mo.
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DATE REC'D BY LOCAL REG. Oct 13, 1955	REGISTRAR'S SIGNATURE Robert M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo.
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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 *Thomas J. Carter*.....

Licensed Embalmer No. *44*.....

P. O. Address *Richmond*.....

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.