

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32375

State File No. _____

Registrar's No. 550

XC-1710 10 29
RN 9884
FILED OCT 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	State File No. _____		Registrar's No. <u>550</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Butler		a. STATE Missouri		b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 32 days		c. CITY OR TOWN Morehouse		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 VA Hospital				e. STREET ADDRESS (If rural, give location) Gen. Del.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Dewey	b. (Middle) (rmi)	c. (Last) Nickols	(Month) Oct.	(Day) 8,	(Year) 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-4-95	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Buffington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Need Nickols		13b. MOTHER'S MAIDEN NAME Anna Smith		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 492-10-5406		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records		ADDRESS	
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) Cerebral hemorrhage, acute					
		ANTECEDENT CAUSES					
		DUE TO (b) Old hemiparesis					
		DUE TO (c) Myocardial insufficiency					
		II. OTHER SIGNIFICANT CONDITIONS					
		Arteriosclerosis				4221	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) VA		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>Sept. 6</u> , 19 <u>55</u> , to <u>Oct. 8</u> , 19 <u>55</u> , and that death occurred at <u>1:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE E. D. BASKETT, M.D., Chief, Med. Service VAH, POPLAR BLUFF, MO.						23c. DATE SIGNED 10-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-10-55	24c. NAME OF CEMETERY OR CREMATORY Bluff cemetery		24d. LOCATION (City, town, or county) (State) Idalia, Missouri		
DATE REC'D BY LOCAL REG. 10/15/55		REGISTRAR'S SIGNATURE Ph. Wheeler		25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons		ADDRESS Dexter, Mo.	

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

RECEIVED
OCT 17 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Marsh Watkins* _____

Licensed Embalmer No. *47*

P. O. Address *Defters*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.