

33435

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1955

State File No. 4363
Registrar's No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Cyrs		4. STREET ADDRESS (If rural, give location) 2700 Olive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hospital			

3. NAME OF DECEASED a. (First) Anna b. (Middle) Nickles c. (Last) Nickles			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1955		
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 27, 1888		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) C amden, New Jersey	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joseph E. Moore		13b. MOTHER'S MAIDEN NAME Sarah Ann Stephens		14. NAME OF HUSBAND OR WIFE Charles Nickles NICKLES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmore Hopkins 2700 Olive	

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		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia		ANTECEDENT CAUSES DUE TO (b) Carcinoma of Stomach Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Carcinomatous arteriosclerosis		1517	
II. OTHER SIGNIFICANT CONDITIONS Pyelonephritis (Chronic) 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 checked="" type="checkbox"/> NO <input 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.		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 **8-29**, 19 **55** to **Oct. 8**, 19 **55** that I last saw the deceased alive on **Oct. 8**, 19 **55**, and that death occurred at **9:15 A.m.**, from the causes and on the date stated above.*

23. SIGNATURE (Degree or title) of George H. Taft, M.D.		23b. ADDRESS 2204 E. 18th Street K.C., Mo.		23c. DATE SIGNED 10-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.					

DATE REC'D BY LOCAL REG. 10-11-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walthers Bros. Funeral Home	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD George H. Taft

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..... *Ernest R. Watters*

Licensed Embalmer No..... *KS*

P. O. Address *(St. Paul)*

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