

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5018

873

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>				c. CITY OR TOWN <u>KANSAS CITY</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>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>603 1/2 EAST 12TH. STREET</u>				3140	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u>			b. (Middle) <u>Lee Roy</u>		c. (Last) <u>NICHOLS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 24, 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 18, 1916</u>		9. AGE (In years last birthday) <u>39 37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Quarries</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William R. Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Viola B. White</u>			14. NAME OF HUSBAND OR WIFE <u>Lurinda</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes WW II</u>			16. SOCIAL SECURITY NO. <u>55-12-6634</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Official VA Hospital Records, K. C. Mo.</u>				
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>Pulmonary edema and atelectasis of left lung.</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Coronary occlusion with myocardial infarction of post wall of left ventricle.</u>					
				DUE TO (c) <u>Plural effusion, left.</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>neck injury & displacement of C6 + 7 moderate</u>				Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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) <u>VA</u>		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>Feb. 23, 1956</u> , to <u>Feb. 24, 1956</u> , that I saw the deceased and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Briar St Bldg 2-2756</u>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>2-27-56 neva minshall</u>			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer 1034 Briar St Bldg 2-2756 Kansas City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Correct
to date*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Just T. Dewar*.....

Licensed Embalmer No. *44*

P. O. Address *Harlem*.....

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.