

FILED MAY 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13035
State File No.

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 5497 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY: <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>IOWA</u> b. COUNTY: <u>WAPPELO</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Eagle Hill Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OTTUMWA</u>	
c. LENGTH OF STAY (in this place) <u>2 mths</u>		d. STREET ADDRESS (If rural, give location) <u>701 WABASH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED a. (First) <u>VIRGINIA</u> b. (Middle) <u>OPAL</u> c. (Last) <u>NICHOLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Feb 2, 1923</u>		9. AGE (In years last birthday) <u>33</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	
11. IF UNDER 2 HRS. Hours <u>3</u> Mins. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	
11. BIRTHPLACE (State or foreign country) <u>HARRISON Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Lemuel B. Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Harold C. Nichols</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-22-4327</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold C. Nichols</u>	
(If yes, give war or dates of service)				ADDRESS <u>OTTUMWA, IOWA</u>	

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 <u>Dec. 6, 1954</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CARCINOMA CERVIX, Squamous, Fungating</u>		<u>Grade - 3</u>					
ANTECEDENT CAUSES		DUE TO (b) <input checked="" type="checkbox"/>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <input checked="" type="checkbox"/>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					

19a. DATE OF OPERATION <u>5-1</u>		19b. MAJOR FINDINGS OF OPERATION <u>171K</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>171K</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>OTTUMWA, IOWA</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-1-1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>171K</u>	

22. I hereby certify that I attended the deceased from 3-13, 1956, to 5-5, 1956, that I last saw the deceased alive on 5-1, 1956, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bethany M. Missouri</u>		23b. ADDRESS <u>BETHANY, MISSOURI</u>		23c. DATE SIGNED <u>5-8-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAY 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISON Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-9-56</u>		REGISTRAR'S SIGNATURE <u>Lelik Brewer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerald W. Bogue</u>		ADDRESS <u>Eagle Hill, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 9 1968

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
Student Embalmer

Signed *Herald W. Boggs*

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, M*

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 this body is not embalmed, fact should be so stated above.