

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15855

State File No.

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give townships) Cameron		c. LENGTH OF STAY (in this place) 5 weeks		c. CITY OR TOWN Amity		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hospital				e. STREET ADDRESS (If rural, give location) 2220			
3. NAME OF DECEASED (Type or Print) a. (First) GRACE		b. (Middle) ROXINA		c. (Last) NICHOLS		4. DATE OF DEATH (Month) (Day) (Year) May 13 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 11 1880		9. AGE (In years last birthday) 75 If UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Richmond Mass.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Coleman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ralph Nichols			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Nichols, Amity Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular-renal-hypertensive heart disease DUE TO (c) 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 ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH 4-20-56 many yrs.	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-21-1956 , to 5-13-1956 , that I last saw the deceased alive on 5-13-1956 , and that death occurred at 1:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Bloom				23b. ADDRESS D. O. T. Cameron, Mo.		23c. DATE SIGNED 5/14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/13-56		24c. NAME OF CEMETERY OR CREMATORY Amity Cemetery		24d. LOCATION (City, town, or county) (State) Amity Missouri	
DATE REC'D BY LOCAL REG. 5-24-56		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MISSOURI			

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  C.T. Pilcher

Licensed Embalmer No....3960

P. O. Address Maysville Mo.

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.