

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16522

State File No.

FILED JUN 13 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2220

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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</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>General Hospital #1</u>				e. STREET ADDRESS (If rural, give location) <u>70 1701 W. 40 3708</u>																							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>			b. (Middle) <u>N</u>		c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 18 56</u>																				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-1-85</u>		9. AGE (In years less highday) <u>70 70</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Days		Hours		Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>US</u>															
13a. FATHER'S NAME <u>Peter Nelson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jergensen</u>				14. NAME OF HUSBAND OR WIFE <u>Andrew Nichols</u>																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy E. Gamble, K. C. Mo.</u>				ADDRESS															
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												INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis with acute myocardial infarction.</u>																											
ANTECEDENT CAUSES												DUE TO (b) _____															
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (c) _____															
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death.												<u>4201</u>			
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 <u>5-11-</u> , 19 <u>56</u> , to <u>5-18-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-18-</u> , 19 <u>56</u> , and that death occurred at <u>4:15a</u> m., from the causes and on the date stated above.																											
23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>0</u>												23b. ADDRESS <u>24th & Cherry</u>				23c. DATE SIGNED <u>5-19-56</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>May 22, 56</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Mt Leavenworth National Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>															
DATE REC'D BY LOCAL REG. <u>5-21-56</u>				REGISTRAR'S SIGNATURE <u>Neva Marshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, K. C. Kans.</u>				ADDRESS															

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Joseph W. [Signature]*.....

Licensed Embalmer No. *4694*

P. O. Address *K.C. 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.