

FILED OCT 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33099

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5078 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Deepwater	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) Montrose Rt. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Montrose Rt. 2			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Lester c. (Last) Nickell Sr.			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Bates Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James E. Nickell	13b. MOTHER'S MAIDEN NAME Sarah Choate	14. NAME OF HUSBAND OR WIFE Rozella Nickell
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 Rozella Nickell ADDRESS Montrose, Mo.		

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) Coronary Occlusion				instant
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <input type="checkbox"/> NO <input checked="" 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) Butler Mo.
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 **Lead on, Arrival**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:20 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cloris Sivels Acting Coroner	23b. ADDRESS Butler Mo.	23c. DATE SIGNED Oct. 17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-1956	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
24d. LOCATION (City, town, or county) (State) Butler Mo.		
DATE REC'D BY LOCAL REG. Oct. 20-56	REGISTRAR'S SIGNATURE Rendall Kerry	25. FUNERAL DIRECTOR'S SIGNATURE Cubert Underwood ADDRESS Butler, Mo.

(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
Student Embalmer

Signed

John F. Underwood
Licensed Embalmer No. 3555
P. O. Address Butte, 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 this body is not embalmed, fact should be so stated above.