

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34154**
4186

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit,		100/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2839 Troost St. Conv. Home				d. STREET ADDRESS (If rural, give location) 300 West First St.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Law		c. (Last) Nichols		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 10, 1873	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road		10b. KIND OF BUSINESS OR INDUSTRY Clerk		11. BIRTHPLACE (City and State or Foreign Country) Mattoon, Ill.		12. COUNTRY OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Samuel C. Nichols			13b. MOTHER'S MAIDEN NAME Clara V. Sprague		14. NAME OF HUSBAND OR WIFE Sara Nichols (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 714-07-1116		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank C. Nichols, Lee's Summit, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 260X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan</u> , 1950, to <u>9-24</u> , 1956, that I last saw the deceased alive on <u>9-24</u> , 1956, and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE Philip Soper (Degree or title) D				22b. ADDRESS Lee's Summit, Mo		22c. DATE SIGNED 9-24-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 19, 1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-25-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home, Lee's Summit Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 1956

NOV 24 1956

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 N. B. Longford Jr.
Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.