

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41651**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5476

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 (If applicable) 2 1/2 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital #2		e. STREET ADDRESS (If rural, give location) 2020 1914 Woodland	
3. NAME OF DECEASED (Type or Print) a. (First) Minor b. (Middle) P.B. c. (Last) Nichols		4. DATE OF DEATH (Month) (Day) (Year) December 14, 1956	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 13, 1905
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Waldron, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jim Nichols	
13b. MOTHER'S MAIDEN NAME Fannie Sheppard		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Fannie Warfield		ADDRESS 1914 Woodland	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma with metastasis to the skull.		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162X
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)	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 12-12-56, 19 , to 12-14-56, 19 , that I last saw the deceased alive on 12-14-56, 19 , and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson (Type or title)	23b. ADDRESS 600 E. 22nd St.	23c. DATE SIGNED 12-14-56
24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE 12-18-56	24c. NAME OF CEMETERY OR CREMATORY Westlawn
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		

DATE REC'D BY LOCAL REG. 12-18-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home	ADDRESS 16th Benton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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..... *Bruce P. Watters*

Licensed Embalmer No. *4500*

P. O. Address *18th Canton*

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.