

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7624**

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>4051</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hallsville, Missouri</u>		c. LENGTH OF STAY (in this place) <u>3 wks.</u>		c. CITY OR TOWN <u>Ashland, Mo. Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Raymond Hartley Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Ashland, Missouri R. F. D</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie Ann</u> b. (Middle) _____ c. (Last) <u>Nichols</u>			4. DATE OF DEATH <u>March 21, 1957</u> (Month) (Day) (Year)						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>November 25 1862</u>			
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____		IF UNDER 24 HRS. 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>///////</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>T. R. Forbis</u>		13b. MOTHER'S MAIDEN NAME. <u>Angeline Hamilton</u>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>///////</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Hendrix Ashland, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>  ANTECEDENT CAUSES <u>Senile Debility,</u> <u>Emaciation and malnutrition</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 days.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) _____ 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>3-6-</u> , 19 <u>57</u> , to <u>3-21-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-12-</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (In full name and title) <u>Walter Sparks DO</u>				23b. ADDRESS <u>311 Christian Col. Ave</u> <u>Columbia Mo</u>		23c. DATE SIGNED <u>3-23-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 23 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>		ADDRESS <u>Ashland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *W. L. Burnett*

Licensed Embalmer No. *3567*

P. O. Address..... *Ashtabula*

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.