

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9611**

FILED APR 8 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY OR TOWN <b>Sedalia</b> <i>0804</i>	
c. LENGTH OF STAY (In this place) <b>42 yrs.</b>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1411 East 10th</b>		• STREET ADDRESS (If rural, give location) <b>1411 East 10th</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIE</b>	b. (Middle) <b>HUGH</b>	c. (Last) <b>NICHOLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 31, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 30, 1883</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith helper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad shops</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Higginsville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elihu Nichols</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Burnett</b>	14. NAME OF HUSBAND OR WIFE <b>Mary E. Billingsley Nichols</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>*****</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Etta Nichols</b> ADDRESS <b>Sedalia, Mo. 1411 E. 10th,</b>
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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, asthenia, 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) <b>Cerebral hemorrhage</b>		<b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) _____		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>senility</b>			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>*****</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>***** ***** *****</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>***</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>*****</b>
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22. I hereby certify that I attended the deceased from **Feb. 2, 1956**, to **March 30, 1957**, that I last saw the deceased alive on **March 28, 1957**, and that death occurred at **6:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>K. J. Holden</b>	23b. ADDRESS <b>1116 West Third, Sedalia, Mo.</b>	23c. DATE SIGNED <b>4/1/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/3/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Olive Branch Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rural Morgan County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4/2/57</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Ewing</b> ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

541

APR 8 1912

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 *P. E. Baker*

Licensed Embalmer No. *2415*

P. O. Address *Sadalia, 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.