S. No. 300
Ev. 10.48

FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13756

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon, Missouri
c. LENGTH OF STAY (in this place) 2½ mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Knox Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pulaski
c. CITY OR TOWN Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rural Rt. # 2 0850

3. NAME OF DECEASED (Type or Print)
a. (First) Nellie
b. (Middle) Francis
c. (Last) Nicks.

4. DATE OF DEATH (Month) April (Day) 18, (Year) 1957

5. SEX 1 Female
6. COLOR OR RACE White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed.
8. DATE OF BIRTH Jan 8, 1870
9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (City and State or Foreign Country) 1 Jefferson County Teopeka,
12. CITIZEN OF WHAT COUNTRY? Kan. USA

13a. FATHER'S NAME Davis Issacs
13b. MOTHER'S MAIDEN NAME Kitty Butcher.
14. NAME OF HUSBAND OR WIFE Daniel Webster Nicks.

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. None.
17. INFORMANT'S SIGNATURE OR NAME Earl E. Nicks ADDRESS Richland, Mo Rural Rt.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation
DUE TO (c) Old age

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 4343
20. AUTOPSY? 2 YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946 *to* 1957, 19___, *that I last saw the deceased alive on* 4-17, 1957, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Myers (Degree or title) D.O.
23b. ADDRESS Richland, Missouri
23c. DATE SIGNED 4/18/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/20/57
24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
24d. LOCATION (City, town, or county) (State) Richland, Missouri

DATE REC'D BY LOCAL REG. 4-25-57
REGISTRAR'S SIGNATURE Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE Richard Westland Hedges ADDRESS Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4
4-24
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Received 4-22-57
Laclede County Health Unit
File No. 67
Date Filed 4-22-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 1896

P. O. Address Waynesville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.