

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **20054**

FILED JUL 8 1957

37453-57 Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **246**

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Boone Co. Hosp			Length of stay in lb 11 Days	d. STREET ADDRESS (If outside, give location) 104 Sondra			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nancy Louise Nichols				First	Middle	Last	4. DATE OF DEATH 7-1-1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/20/1957		9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 11 Days 11 Hours 11 Min.	IF UNDER 24 HRS. Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (City and state or country) Columbia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Audley Nichols				14. MOTHER'S MAIDEN NAME Opal Sapp				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - - - - -		16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT Nichols Audley Sapp, Columbia, Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity 28 weeks. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7635							INTERVAL BETWEEN ONSET AND DEATH 5 days 10 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from birth 6-20-47 , to 7-1-57 and last saw her ^{her} been alive on 7-1-57 Death occurred at 8:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Ray B Lewis M.D (Degree or title)				22b. ADDRESS Columbia, Mo		22c. DATE SIGNED 7-1-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/2/1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Columbia, Missouri				
24. FUNERAL DIRECTOR Lyman Sprinkle, Columbia, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. July 2 1957	26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

310

STATEMENT BY LICENSED EMBALMER

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

~~by me~~ Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *401*

P. O. Address *Columb*

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