

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021937  
STATE FILE NUMBER

FILED JUN 25 1957

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 42

14-0  
100-56  
1  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Coroner cannot certify to a death due to natural causes.  
Disease in Part I must be casually related.

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Jun</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Marshall</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 Mi S. Croquis Mills</u>			Length of stay in lb <u>1 day</u>		d. STREET ADDRESS <u>RFD # 4</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Seroy</u> Last <u>Nichols</u>				4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 16, 1934</u>		9. AGE (In years (birthday)) <u>23</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Store</u>		11. BIRTHPLACE (City and state or country) <u>Saline County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Lonnie Nichols</u>				14. MOTHER'S MAIDEN NAME <u>Mildred Hinton Nichols</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>495-36-5432</u>		17. INFORMANT <u>Lonnie Nichols - Marshall, Mo</u>		Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Accidental drowning</u> DUE TO (c) <u>850X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>immediate</u>
20a. ACCIDENT <input checked="" 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.) <u>Thrown from boat by wave caused by a passing boat.</u>				
20c. TIME OF INJURY <u>1:20 p.m. 6-22-57</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake of Osage</u>		
20f. CITY, TOWN, OR LOCATION <u>Osage town, 10 mi S. Croquis Mills</u>			COUNTY <u>Morgan</u>		STATE <u>Mo.</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Ene P. Bastian</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>Verailles Mo</u>		22c. DATE SIGNED <u>June 22-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>22 June '57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Park Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
24. FUNERAL DIRECTOR <u>Kid Wells</u>		ADDRESS <u>Verailles.</u>		25. DATE RECD. BY LOCAL REG. <u>6-22-57</u>		26. REGISTRAR'S SIGNATURE <u>J L Haskin</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1957

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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 e

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. F. Thumell*.....

Licensed Embalmer No. 15

P. O. Address *Thumell*

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.