

Health, Welfare, Public Service

FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29112
STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6064 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural - Osceola</u>		c. CITY OR TOWN <u>Rural - Osceola</u> <u>0930</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osceola-Township</u>		d. STREET ADDRESS (If outside, give location) <u>Polk-Township</u>	

3. NAME OF DECEASED (Type or print) First <u>Willard</u> Middle <u>Henry</u> Last <u>Nickel</u>			4. DATE OF DEATH Month <u>Aug</u> ; Day <u>7</u> , Year <u>1957</u>		
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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>Sept; 8, 1910</u>	9. AGE (In years last birthday) <u>46</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	11. UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Clair County Mo;</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis H. Nickel</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline B. Corbin</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Nickel</u>
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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.	17. INFORMANT Address <u>Edith Nickel, Osceola Mo.</u>
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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>Killed in Hay Baler</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arms Caught in Hay Baler</u>	
	DUE TO (c) <u>9/21</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>3</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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>Arms Caught In Hay Baler While Baler in Motion</u>
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20c. TIME OF INJURY Hour <u>4:50</u> Month <u>P.M.</u> Day <u>8/7/57</u> Year <u>57</u>
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Hay Field</u>	20f. CITY, TOWN, OR LOCATION <u>Osceola</u> COUNTY <u>St. Clair</u> STATE <u>Missouri</u>
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21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____
Death occurred at 4:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Jarvis A. Kanelial Coroner</u>	22b. ADDRESS <u>Osceola Missouri</u>	22c. DATE SIGNED <u>8/8/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/8/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek</u>	23d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>
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24. FUNERAL DIRECTOR <u>Goodrich 2 HOME OSCEOLA MO</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8-9-57</u>	26. REGISTRAR'S SIGNATURE <u>Paul K. Seaman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J.B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Osceola, 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.