

Health, Welfare
public
service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32072

FILED SEP 24 1957

STATE FILE NUMBER
4090

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Kansas City | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital | | d. STREET ADDRESS 3413 East 72nd St. | |
| Length of stay in lb 30 yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle F. Last NICHOLS | | | 4. DATE OF DEATH Month Aug. Day 29 Year 1957 |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 7, 1886 |
| 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver | | 10b. KIND OF BUSINESS OR INDUSTRY Graham Ship-by-Truck | 11. BIRTHPLACE (City and state or country) Aurora, Nebraska |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Trowbridge Nichols | |
| 13b. MOTHER'S MAIDEN NAME Hattie Zorn | | 14. NAME OF HUSBAND OR WIFE Jennie Nichols | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 495-01-2490 | 17. INFORMANT Address Mrs. Jennie Nichols-3413 E. 72nd, K.C.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) Coronary Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs 4201 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 8-5-57 to 8-29-57 and last saw ^{her} alive on 8-29-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) D. R. Lyddon, M.D. | | 22b. ADDRESS 1027 E. 75, K.C.Mo. | 22c. DATE SIGNED 8-30-57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/31/57 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS QUIRK & TOBIN-20 W. Linwood, K.C.Mo. | | 25. DATE RECD. BY LOCAL REG. 9-1-57 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

MEDICAL CERTIFICATION
H. R. Lyddon, Jr., USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 E. R. Gibson

Licensed Embalmer No. 4137

P. O. Address K. E. M. O.

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.

JAN 27 1937

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