

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32564**

FILED SEP 20 1957

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **4289** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hawk Point		c. CITY OR TOWN Sullivan	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 000		e. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BB&Q RR & Hiway #47			

3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Vearline c. (Last) Nicks			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 11, 1938	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY St Teachers Coll.		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Bearl Nicks	13b. MOTHER'S MAIDEN NAME Clara Westmoreland	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bearl E. Nicks	ADDRESS NO. 6714 Virginia, St Louis
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Fractured Skull, & Dismemberment.		Inst.
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES		DUE TO (b) Collision of Auto and Train at a grade crossing.		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grade Crossing RR	21c. (CITY, TOWN, OR TOWNSHIP) Hawk Point (COUNTY) Lincoln (STATE) Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 6, 1957 11AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Struck Train at Crossing
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:00A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph D. Marsh (Degree or title) CORONER	23b. ADDRESS 351 Monroe St, Troy, Mo.	23c. DATE SIGNED 9/12/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/8/57	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Washington, Missouri.
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DATE REC'D BY LOCAL REG. 9/13/57	REGISTRAR'S SIGNATURE Mrs A. L. Riebo	25. FUNERAL DIRECTOR'S SIGNATURE Wieburg & Vitt	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1620

SEP 30 1957

SEP 25 1957

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, DEBY, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joseph J. Marshall

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.