

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44086
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1222

S. 300
ev. 1-57

3

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD 3960 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. John's		Length of stay in lb LIFE	d. STREET ADDRESS (If outside, give location) 556 E. CRESTVIEW Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle JEANNE Last NICHOLSON		4. DATE OF DEATH Month DEC. Day 20, Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/2/ 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY SHEET METAL	9. AGE (In years last birthday) 31 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM R. INMON		13b. MOTHER'S MAIDEN NAME EMMA FLORENCE CLIFTON	14. NAME OF HUSBAND OR WIFE EARL NICHOLSON
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. 449-22-5508	17. INFORMANT Address EARL NICHOLSON SPRINGFIELD, 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) GUN SHOT WOUND IN FOREHEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) See 20b DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X			INTERVAL BETWEEN ONSET AND DEATH LAST.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHE SHOT HERSELF IN FOREHEAD WITH 22 RIFLE.	
20c. TIME OF INJURY Hour Month, Day, Year Approx 7:00 a.m. DEC 20 1957			
20d. INJURY OCCURRED WHILE AT <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.) IN HOME	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at approx 7:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edith Williamson Coroner		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 21 Dec 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE DEC. / 23 / 57	23c. NAME OF CEMETERY OR CREMATORY EASTLAWN
23d. LOCATION (City, town, or county) SPRINGFIELD, MO.		(State)	
24. FUNERAL DIRECTOR HERMAN LOHMEYER		25. DATE RECD. BY LOCAL REG. DEC. / 23 / 57	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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.

JAN 7 1959

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 *Paul J. L. [Signature]*

Licensed Embalmer No. *2497*

P. O. Address *[Signature]*

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.