

Health,
L. Welfare
Public
Service

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004424

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5092 Registrar's No. 39

300
-573

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lone Oak Twp.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>R.F.D. 5</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. 5 Butler</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>Butler</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Orville</u> Middle <u>Frank</u> Last <u>Nichols</u>	4. DATE OF DEATH Month <u>March</u> Day <u>1</u> Year <u>1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1911</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Month _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Farm</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ora Lee Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Stevens</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>Yes</u> (unknown) (If yes, give war or dates of service) <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>720 12 3821</u>	17. INFORMANT <u>Ora Lee Nichols</u>	Address <u>Butler, Mo. R.F.D. 5</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>gun shot wound, head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>Deceased shot himself.</u>
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ <u>6 p.m. 3 1 58</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>Farm road</u>	20f. CITY, TOWN, OR LOCATION <u>Butler, Mo.</u>	COUNTY <u>Bates</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ 6 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Josephine Ronald</u>	(Dee or title) <u>Wife</u>	22b. ADDRESS <u>Butler, Mo.</u>	22c. DATE SIGNED <u>3/13/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-4-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u>
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24. FUNERAL DIRECTOR <u>Culver-Underwood</u>	ADDRESS <u>Butler, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 3-58</u>	26. REGISTRAR'S SIGNATURE <u>Randall Terry</u>
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(Licensed Embelmer'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.

MAR 13 1958

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 John J. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, 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.