

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013699
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 50

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1-57

03104

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| 1. PLACE OF DEATH a. COUNTY Daviess | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Gallatin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sullivan Rest Home | | Length of stay in lb 10 Yrs. | d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Sam Middle Albert Last Nichols | | | 4. DATE OF DEATH Month April Day 17 Year 1958 | | |
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| 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 Feb. 3, 1881 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
|-----------------------|----------------------------------|---|---|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner | 11. BIRTHPLACE (City and state or country) Daviess Co., Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Nichols | 13b. MOTHER'S MAIDEN NAME Belle Snider | 14. NAME OF HUSBAND OR WIFE Pearl Nichols |
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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) No | 16. SOCIAL SECURITY NO. 498-24-5550 | 17. INFORMANT Mrs. Pearl Nichols, Gallatin, Mo. |
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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) Nephrotic | | INTERVAL BETWEEN ONSET AND DEATH Several months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | DUE TO (c) 593X | |
| 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"/> |

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| 20a. ACCIDENT <input 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.) |
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|---|---|--|---|--------------------------|--------------------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT <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 Gallatin | COUNTY Daviess | STATE Missouri |
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| 21. I attended the deceased from May 1956 to April 17 58 and last saw her alive on April 16, 1958 Death occurred at I. A. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Frank W. Richardson MD | 22b. ADDRESS 0 | 22c. DATE SIGNED 4/18/58 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-18-1958 | 23c. NAME OF CEMETERY OR CREMATORY Prairie Valley Cem. | 23d. LOCATION (City, town, or county) Gallatin, Missouri |
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| 24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo. | 25. DATE RECD. BY LOCAL REG. 4-30-58 | 26. REGISTRAR'S SIGNATURE Vigina Mangelhart |
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1958
MAY 9 1958

8968
G. E. ANTON

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 *L. O. Richesson*

Licensed Embalmer No. *3302*

P. O. Address *Pallatin*

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.