

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015291
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 280 Primary Registration District No. 5961 Registrar's No. 26

S. 300

v. 1-57

0830
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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

1. PLACE OF DEATH a. COUNTY Platte		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) OR TOWN Platte Free		c. CITY OR TOWN Kansas City 3580	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile south of Farley, Mo.		d. STREET ADDRESS (If outside, give location) 5505 E. 35th St.	
3. NAME OF DECEASED (Type or print) Obie Nicholson		4. DATE OF DEATH 4-18-58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 10 1922
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 35
13a. FATHER'S NAME White Nicholson		13b. MOTHER'S MAIDEN NAME Alice Moore	14. NAME OF HUSBAND OR WIFE Katherine Nicholson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes Korean		16. SOCIAL SECURITY NO. 1-98-30-9382	17. INFORMANT Address Katherine Nicholson 5505 E. 35th
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACCIDENTAL DROWNING DUE TO (b) BOAT CAPSIZED DUE TO (c) 850X 42 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
20a. ACCIDENT <input checked="" 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY 093 STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at APPROX. 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Coland M. Giffey Coroner		22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 4-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	23d. LOCATION (City, town, or county) (State) Dansan City, Mo
24. FUNERAL DIRECTOR ADDRESS Hanlovc & Williams 1729 Lydia		25. DATE RECD. BY LOCAL REG. 4-19-1958	26. REGISTRAR'S SIGNATURE Thphia Rollins

APR 30 1958

MAY 23 1958

MAY 14 1958



MAY 19 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 *Roland M. Giffie*

Licensed Embalmer No. *4725*

P. O. Address *Belle City, 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.