Health, & Welfare
Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019288
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 282 Primary Registration District No. 5968 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Halfway Rural — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Halfway, Mo. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dallas
c. CITY OR TOWN 6309 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Buffalo, Mo — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Rosa Middle Belle Last Nicodemus
4. DATE OF DEATH Month May Day 16 Year 1958
5. SEX F
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Dec. 2, 1876
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months 7 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Polk Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Wm Barnett
13b. MOTHER'S MAIDEN NAME Mary James Case
14. NAME OF HUSBAND OR WIFE Harry Nicodemus
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Allie Cornelius Halfway, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardio Vascular Renal Disease,
DUE TO (c): 442X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 2, 58 to May 6, 58 and last saw her alive on May 6, 58
Death occurred at 12:55 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE L. D. Smith (Degree or title) M.D.
22b. ADDRESS Bolivar Mo
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-18-1958
23c. NAME OF CEMETERY OR CREMATORY Schofield Cem
23d. LOCATION (City, town, or county) (State) Polk Co. Mo.
24. FUNERAL DIRECTOR Montgomery Funeral Home ADDRESS Buffalo Mo
25. DATE RECD. BY LOCAL REG. 5-22, 1958
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(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.

JUN 3 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 Blythe Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.