

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025224
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 128 Primary Registration District No. _____ Registrar's No. 770

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boone, Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Ash Grove</u> 0 396 0
c. FULL NAME OF (IF NOT in hospital, give location), HOSPITAL OR INSTITUTION <u>Ash Grove RFD 1</u>		Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 1</u>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Warren</u> Last <u>Nicholson</u>			4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 19-1870</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Greene Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J. J. Nicholson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Johns</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Nicholson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>498-42-7912</u>		17. INFORMANT Address <u>Miss Betty Nicholson - Ash Grove, Mo.</u>	

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>Anoxia due to hypostatic pulmonary congestion.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial insufficiency</u>		<u>2 years</u>
	DUE TO (c) <u>Arteriosclerosis</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hepatic cirrhosis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT WORK <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 <u>Ash Grove, Missouri</u>	COUNTY <u>Greene</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>March 1957</u> to <u>Aug. 3, 1958</u> and last saw him ^{her} alive on <u>Aug. 2, 1958</u> Death occurred at <u>2:55 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Thomas F. Matz, D.O. 2</u>		22b. ADDRESS <u>Ash Grove, Missouri</u>		22c. DATE SIGNED <u>8-4-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>August 5-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Johns Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Greene Co. Missouri</u>
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24. FUNERAL DIRECTOR <u>J. W. Birch</u>	ADDRESS <u>Ash Grove, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-7-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Richard E. Watts*

Licensed Embalmer No. *4652*

P. O. Address *Ashe Grove, N.C.*

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.