Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026021

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY JASPER

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) WEBB CITY — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JANE CHINN HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER

c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1905½ PERKINS STREET — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ASELL Middle HERMAN Last NICHOLS

4. DATE OF DEATH Month JULY Day 12 Year 1958

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH NOV 30, 1883

9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER

10b. KIND OF BUSINESS OR INDUSTRY LEAD&ZINC MINING

11. BIRTHPLACE (City and state or country) KANSAS 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE NICHOLS

13b. MOTHER'S MAIDEN NAME SARAH SOURS

14. NAME OF HUSBAND OR WIFE MAUDE NICHOLS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWEN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT MAUDE NICHOLS Address 1905½ PERKINS JOPLIN MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Toxic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 Mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of the Liver — 2 Yrs.

DUE TO (c) 1562

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] 2

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 10-8-54, to 7-12-58 and last saw her/him alive on 7-11-58

Death occurred at 4:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. B. Kerr D.O. 2

22b. ADDRESS 712 Flordia Ave., Joplin

22c. DATE SIGNED 7-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 7-15-1958

23c. NAME OF CEMETERY OR CREMATORY MESSER CEMETERY

23d. LOCATION (City, town, or county) (State) CRESTLINE KANSAS

24. FUNERAL DIRECTOR HUNTER FUNERAL HOME ADDRESS PICHER, OKLA.

25. DATE RECD. BY LOCAL REG. 7-15-58

26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Guy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb 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.