

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028070
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 268

5. 300
7. 1-57

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIPITSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SHELBYVILLE 1020
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAUGHAN HOSP		Length of stay in 1b 9 DAYS	d. STREET ADDRESS (If outside, give location) PEDSHELBYVILLE
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First GEORGE Middle H. Last NICHOLS			4. DATE OF DEATH Month AUG Day 9 Year 1958		
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 JUNE 17, 1884		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) RAYSON ILL		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME MARTIN NICHOLS		13b. MOTHER'S MAIDEN NAME MARGARET SCHROTH		14. NAME OF HUSBAND OR WIFE GOLDIE H. NICHOLS	
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. 491-40-093	17. INFORMANT Address GOLDIE H. NICHOLS SHELBYVILLE MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUB-CORTICAL CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholelithiasis - Hepatitis - Pancreatic Fibrosis - Nephrosclerosis		19. WAS AUTOPSY PERFORMED? 1 YES NO <input type="checkbox"/>

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 _____ 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	COUNTY STATE

21. I attended the deceased from 7-31-58 to 8-9-58 and last saw him alive on 8-9-58 Death occurred at 3:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deceased or wife) Paul Wenzel Do 2	22b. ADDRESS Bertsville Mo	22c. DATE SIGNED 8-22-58

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	23b. DATE AUG 14 1958	23c. NAME OF CEMETERY OR CREMATORY 100 F. CEMETERY	23d. LOCATION (City, town, or county) (State) SHELBYVILLE MO
24. FUNERAL DIRECTOR GREENING SHELBYVILLE MO		25. DATE RECD. BY LOCAL REG. 8-25-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

(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

500

SEP 8 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 *Charles C. Greening*

Licensed Embalmer No. *4625*

P. O. Address *Clarence*

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.