

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035390  
STATE FILE NUMBER

DECEASED OCT 24 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 140

5. 300  
1-57

0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

130

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Monett</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hosp.</b>		d. STREET (If outside, give location) ADDRESS <b>406 Bond St.</b>	
3. NAME OF DECEASED (Type or print) <b>JACKIE LEE NICHOLS</b>		4. DATE OF DEATH <b>Oct. 12, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 3, 1943</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Student</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>15</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Monett, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Glen Nichols</b>		13b. MOTHER'S MAIDEN NAME <b>Thena Mae Rice</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Glen Nichols</b> Address <b>Monett, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr 15 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <b>Auto accident</b>	
20c. TIME OF INJURY <b>11:30 p.m. 10-11-58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>3 1/2 miles south of Yonkersville, Mo.</b>	
20e. CITY, TOWN, OR LOCATION <b>Monett, Mo.</b>		20f. COUNTY <b>Barry</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>10-12-58</b> to <b>10-12-58</b> and last saw him/her alive on <b>10-12-58</b> Death occurred at <b>1:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. D. Buchanan MD</b> (Degree or title)		22b. ADDRESS <b>Monett, Mo.</b>	
22c. DATE SIGNED <b>10-19-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/14/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		23d. LOCATION (City, town, or county) (State) <b>Monett, Mo.</b>	
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b> ADDRESS <b>Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-17-58</b>	
		26. REGISTRAR'S SIGNATURE <b>ma P. N. Cook</b>	

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1058-209

DATE REC. 10-22-58

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.