

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044309

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5751

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <del>Mo</del> <b>Kansas</b> b. COUNTY <del>Jackson</del> <b>Jackson</b>	
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Mary's</b>		Length of stay in 1b <b>4 da</b>	d. STREET OR ADDRESS <b>815 2 4705 Vista</b>
3. NAME OF DECEASED (Type or print) First <b>BRENDA</b> Middle <b>LEA</b> Last <b>NICHOLS</b>			4. DATE OF DEATH Month <b>12</b> Day <b>4</b> Year <b>58</b>
5. SEX <b>Fem</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>12/19/1956</b>
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>no</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Donald Nichols</b>	
13b. MOTHER'S MAIDEN NAME <b>Joyce Powell</b>		14. NAME OF HUSBAND OR WIFE <b>no</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>no</b>	17. INFORMANT Address <b>Donald Nichols, 4705 Vista K C K</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>Viral encephalitis, acute</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>0823</b>
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 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <b>11-30-58</b> , to <b>12-4-58</b> and last saw her <sup>her</sup> alive on <b>12-4-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>1420 So. 42nd St. - K.C.K.</b>	22c. DATE SIGNED <b>12-5-58</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Kans.</b>	(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/6/58</b>	24. FUNERAL DIRECTOR ADDRESS <b>Sheil Colonial Funeral Home</b>	
25. DATE RECD. BY LOCAL REG. <b>12-5-58</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

G. P. Neighbor



STATE 307

1914, 18.

of 11

I

embalmed

under my supervision

Signature

of Student Embalmer

### 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 *John P. Sheil*

Licensed Embalmer No. *3625*  
P. O. Address *C. C. 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.