

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004449

STATE FILE NUMBER 2

FILED FEB 18 1959

Registration District No. 25 Primary Registration District No. 4036 Registrar's No.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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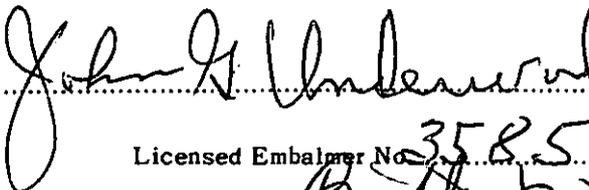
1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICH HILL		c. CITY OR TOWN RICH HILL	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 E. ELM ST		d. STREET ADDRESS (If outside, give location) 401 E. ELM ST	
3. NAME OF DECEASED (Type or print) IDA GRANT NICHOLS		4. DATE OF DEATH FEBRUARY-13-1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 20-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) CASS COUNTY MISSOURI
13a. FATHER'S NAME ALEXANDER LOPEMAN		14. NAME OF HUSBAND OR WIFE	
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. NONE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X		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 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 Jan 1956 to Feb 13 1959 and last saw her alive on Jan 12 1959 Death occurred at _____ in the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Charles H. ...		22b. ADDRESS Rich Hill Mo	
22c. DATE SIGNED Feb 14 1959		22d. ADDRESS	
23a. BURIAL; CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/16/59	
23c. NAME OF CEMETERY OR CREMATORY WEST POINT CEMETERY		23d. LOCATION (City, town, or county) (State) AMSTERDAM, MISSOURI.	
24. FUNERAL DIRECTOR Booth Funeral Serv. Rich Hill, Mo		25. DATE RECD. BY LOCAL REG. Feb. 17. 1959.	
26. REGISTRY SIGNATURE Mrs. Edna Douglas		26. REGISTRY SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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 
Licensed Embalmer No. 3585
P. O. Address Bills, Wis

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.