

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005770

STATE FILE NUMBER
835

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 835

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in lb 63 yrs	d. STREET ADDRESS (If outside, give location) 5527 Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle P. Last NICOLAI	4. DATE OF DEATH Month Feb Day 12 Year 1959
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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 April 4, 1895	9. AGE (In years last birthday) 63	FUNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Charles A. Nicolai	13b. MOTHER'S MAIDEN NAME Ellen Dillon	14. NAME OF HUSBAND OR WIFE Verda Nicolai
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year no. or unknown) (If year give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 486-05-0446	17. INFORMANT Mrs. Verda Nicolai Address 5527 Harrison
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 50 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	
	DUE TO (c) arterio sclerotic Heart Dis not known	
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? I YES <input checked="" type="checkbox"/> 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.) 42nd
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20c. TIME OF INJURY Hour 4:20 a.m. 4:20 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 Argyle Bldg - K.C., Mo.	COUNTY	STATE
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21. I attended the deceased from 2-12-59 to 2-12-59 and last saw him alive on 2-12-59 Death occurred at 1:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hubert M. Parker MD	22b. ADDRESS Argyle Bldg - K.C., Mo.	22c. DATE SIGNED 2-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-14-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) Kansas City, Mo.	(State)
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home Woodland-Linwood	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-13-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Hubert M. Parker

Pa. No. 2 of 8m. Under
U.S. Dept. of Health
No. 2-3233

Fri

1 PM - 5 PM



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 George A. Jackson

Licensed Embalmer No. 5059

P. O. Address K. 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.