No. 300
10.48

X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022021
State File No.

FILED JUL 1 1959
BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LEBANON
c. LENGTH OF STAY (in this place) 7 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WALLACE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
d. STREET ADDRESS (If rural, give location) 911 E. DALE

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) EARL c. (Last) NICHOLS
4. DATE OF DEATH (Month) JUNE (Day) 21, (Year) 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH 8 AUG. 1958
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MO
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME RONALD NICHOLS
13b. MOTHER'S MAIDEN NAME CLETA JARRETT
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO
17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOSPITAL RECORDS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse brain injury — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lacerations of scalp, injury to head — 7 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured left arm.

19a. DATE OF OPERATION 6-21-59
19b. MAJOR FINDINGS OF OPERATION Suture of lacerations
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Auto accident
21c. (CITY, TOWN, OR TOWNSHIP) Hazel Green (COUNTY) Laclede (STATE) MO.
21d. TIME OF INJURY (Month) 6 (Day) 21 (Year) 59 (Hour) 10 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from June 21, 1959, to June 21, 1959, that I last saw the deceased alive on June 21, 1959, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Louis E. Jorel (Degree or title) M.D.
23b. ADDRESS 158 N. Adams Lebanon Mo
23c. DATE SIGNED 6-21-59
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 6-21-59
24c. NAME OF CEMETERY OR CREMATORY LOCAL
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
DATE REC'D BY LOCAL REG. 6-21-1959
REGISTRAR'S SIGNATURE Della L. Day
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS SPGFD. MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JUN 29 1959

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 .....
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.