

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024864

FILED VS AUG 4 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 139

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Grundy	Length of stay in 1b 7 yrs.	a. STATE Missouri b. COUNTY Mercer	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton.	c. CITY OR TOWN Princeton,	d. STREET ADDRESS (If outside, give location) rural -	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Mary	Middle Ellen	Last Nichols	4. DATE OF DEATH	Month July	Day 26,	Year 1959
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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 7/25/1864	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	IF UNDER 24 HR Hours 1 Min. 1
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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) Columbiana County, Ohio	12. CITIZEN OF WHAT COUNTRY U.A
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13a. FATHER'S NAME J. C. Williams	13b. MOTHER'S MAIDEN NAME Mary Ann Reneger	14. NAME OF HUSBAND OR WIFE Nelson Nichols.
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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	17. INFORMANT Mrs. Eva Broyles - Princeton, Mo.	Address
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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) Arterio Sclerosis	INTERVAL BETWEEN ONSET AND DEATH 1 year
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 5:15 a.m. p.m. Month, Day, Year May 20, 1959
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Trenton, Mo.	COUNTY Mercer	STATE Missouri
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21. I attended the deceased from **May 20, 1959** **to** **July 26, 59** **and last saw her** **July 23, 1959** **him** **alive on**
Death occurred at **5:15** **p.** **m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. A. Daffey M.D.</i>	22b. ADDRESS Trenton, Mo.	22c. DATE SIGNED 7/26/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Harris Cemetery,	23d. LOCATION (City, town, or county) Harris Missouri	(State)
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24. FUNERAL DIRECTOR Martin-Azbell <i>H.E. Azbell</i>	ADDRESS Funeral Home - Princeton Mo.	25. DATE RECD. BY LOCAL REG. 7/29/59	26. REGISTRAR'S SIGNATURE <i>Juene Jaw</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lyman E. Agell

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.