

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025326

FILED VS JUL 27 1959

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3365 STATE FILE NUMBER

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Anderson</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>                           |  | Length of stay in 1b<br><u>2wk.</u>   | c. CITY OR TOWN <u>Colony</u> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Trinity Luth. Hosp.</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>P.O. Box #13</u> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |  |  |  |
|---|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Verne</u> Middle <u>O</u> Last <u>Nichols</u>                   |                                  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>8</u> Year <u>1959</u> |  |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 28, 1884</u>                           | 9. AGE (last birthday)<br><u>74</u>          | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Kansas</u>         | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>UNKNOWN</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Jess Nichols</u>      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If unknown, give war or dates of service)<br><u>UNKNOWN</u> |  | 16. SOCIAL SECURITY NO.<br><u>UNKNOWN</u>   |  | 17. INFORMANT<br>Address<br><u>TRINITY HOSP RECORDS</u> |  |

|  |   |                                  |
|--|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)  | <u>Acute Myocardial Infarction</u> <u>8 days</u>              |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Arterio Sclerotic Heart Disease</u> <u>3 mo</u> |                                  |
| DUE TO (c)   |   |                                  |

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|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>diabetes mellitus</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>8:42/p</u> a.m. p.m.<br>Month, Day, Year                           |   |  |  |

|  |  |  |
|--|--|--|
| 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<br><u>Colony Kansas</u> |
|--|--|--|

21. I attended the deceased from June 26, 1959 to July 8, 1959 and last saw her alive on July 8, 1959  
Death occurred at 8:42/p m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                   |
|--|--|-----------------------------------|
| 22a. SIGNATURE<br><u>Edward Fischer M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>306 E 21st St W KC 16 Mo.</u> | 22c. DATE SIGNED<br><u>7/9/59</u> |
|--|--|-----------------------------------|

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> | 23b. DATE<br><u>JULY 9, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>-</u> | 23d. LOCATION (City, town, or county) (State)<br><u>COLONY KANSAS</u> |
|---|----------------------------------|--|---|

|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR<br><u>D.W. Newcomers Sons Kansas City, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>7-9-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Neva Marshall</u> |
|---|---|---|

DOCUMENT

BY AFFIDAVIT OF Edward H. Fischer MEDICAL CERTIFICATION

FILED  
JUN 19 1967

**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 Roger F. Fuller

Licensed Embalmer No. 4818

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.