

FILED VS JUL 22 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025904  
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>		
b. CITY OR TOWN <u>Macon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bevier</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan</u>		Length of stay in lb <u>36 hrs</u>	d. STREET ADDRESS <u>06/00</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Dodson Nichole</u>			4. DATE OF DEATH Month Day Year <u>July 10 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 13 1892</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>1 27</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Public School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>North Macon, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Nichole</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Nichole</u>		14. NAME OF HUSBAND OR WIFE <u>Gunn L. Nichole</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes - 1st War</u>		16. SOCIAL SECURITY NO. <u>490-18-6250</u>		17. INFORMANT Name <u>Gunn Nichole</u> Address <u>Bevier Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Arteriosclerosis + Hypertensive Cardiovascular disease</u> DUE TO (c) <u>4.261</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Risk factors from Cerebrovascular thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> 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 <u>Admitted since 1952</u> to <u>July 10 1959</u> and last saw her alive on <u>July 10 1959</u> Death occurred at <u>9:35 a.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James E. Cimplull MD</u>			22b. ADDRESS <u>Macon Mo.</u>		22c. DATE SIGNED <u>7/14/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richwood Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>	
24. FUNERAL DIRECTOR <u>W. J. Schwaver</u>		ADDRESS <u>Bevier Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7/16/59</u>		26. REGISTRAR'S SIGNATURE <u>Ruth M. Reedy</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 23 1959

Case No. 7-59-112  
Date 7-20-59

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 *H. G. Edwards* .....

Licensed Embalmer No. *1961* .....

P. O. Address *Beverly 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.