

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028155

FILED VS SEP 8 1959 38

3006

399

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Boone County b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Missouri c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Boone County Hospital Length of stay in 1b 4 days Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway c. CITY OR TOWN Route # 6 d. STREET ADDRESS (If outside, give location) Fulton, Missouri Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Floyd Middle Nichols Last Nichols			4. DATE OF DEATH Month 8 Day 27 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Unknown	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Unknown	
12. CITIZEN OF WHAT COUNTRY Callaway		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. ***-**-****	
17. INFORMANT NONE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Concussion and Sever Chest Injury DUE TO (b) Automobile Accident on Aug. 22-1959 DUE TO (c) 5 days		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple rib fracture, fractured clavicle and Skull fracture, fracture of left pelvis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) 2 car auto accident in Callaway County			
20c. TIME OF INJURY Hour 8-22-59 Month, Day, Year		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.) Unknown		20f. CITY, TOWN, OR LOCATION Fulton,		COUNTY Callaway, STATE Mo.	
21. I attended the deceased from 8-22-59 to 8-26-59 and last saw her him alive on 8-26-59 Death occurred at 3:25 AM on 8-27-59 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ernest A. Smith (Degree or title)			22b. ADDRESS Stephens Bldg. Columbia, Mo.		22c. DATE SIGNED 8-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 30, 1959		23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Sdn.	
23d. LOCATION (City, town, or county) Callaway County, Mo.		24. FUNERAL DIRECTOR Mauspin Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Aug 30 1959	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 25 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 4713

P. O. Address Fulton, Pa.

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.