

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032155

FILED VS SEP 28 1959

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 128

ENDED

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Howell</i> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i> | | Length of stay in 1b <i>13 yrs</i> | c. CITY OR TOWN <i>West Plains</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOME</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>608 Jefferson</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <i>Arilla</i> Middle <i>May</i> Last <i>Nichols</i> | | A. DATE OF DEATH Month <i>8</i> Day <i>28</i> Year <i>59</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>12/18/26</i> |
| 9. AGE (last birthday) <i>73</i> | | IF UNDER 1 YEAR Months <i>2</i> Days <i>21</i> | IF UNDER 24 HR Hours <i></i> Min. <i></i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (City and state or country) <i>Springtown, Tex.</i> |
| 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>Julius Busby</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Elizabeth Hammell</i> | | 14. NAME OF HUSBAND OR WIFE <i>Alex Nichols</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <i>Alex Nichols</i> | | Address <i>West Plains, Mo.</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral arteriosclerosis</i> | | | <i>undetermined</i> |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour <i></i> a.m. <i></i> p.m. <i></i> Month, Day, Year <i></i> | 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 | COUNTY STATE |
| 21. I attended the deceased from <i>1955</i> to <i>8/29/59</i> and last saw her <i>live</i> on <i>8/28/59</i> Death occurred at <i>2</i> <i>P</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>M.L. Howell MD</i> | | 22b. ADDRESS <i>West Plains Mo</i> | 22c. DATE SIGNED <i>9/12/59</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <i>8-30-1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i> | 23d. LOCATION (City, town, or county) (State) <i>West Plains, Mo</i> |
| 24. FUNERAL DIRECTOR <i>Robertson's, West Plains Mo</i> | | 25. DATE RECD. BY LOCAL REG. <i>9-24-59</i> | 26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i> |

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 _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 343

P. O. Address West Pla

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.