

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033329

FILED VS. OCT 2 1959 278

Registration District No. Primary Registration District No. 3054 Registrar's No. 111

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 1 DAY		c. CITY OR TOWN BOWLING GREEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 320 MARTIN ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROBERT Middle NICHOLS Last NICHOLS				4. DATE OF DEATH Month SEPTEMBER Day 14 Year 1959					
5. SEX M		6. COLOR OR RACE C		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-22-1871		9. AGE (last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) CLARKSVILLE, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME ---			13b. MOTHER'S MAIDEN NAME EASTER NICHOLS			14. NAME OF HUSBAND OR WIFE MARY L. NICHOLS			
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. ---		17. INFORMANT MARY L. NICHOLS, BOWLING GREEN, MO Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Azotemia							INTERVAL BETWEEN ONSET AND DEATH 36 hrs		
DUE TO (b) Gastro-intestinal hemorrhage from bleeding stomach ulcer							4 days		
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 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 Hour --- a.m. --- p.m. 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		COUNTY		STATE	
21. I attended the deceased from 9/13/59 to 9/14/59 and last saw him alive on 9/14/59 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Chas. H. Sweller M.D.				22b. ADDRESS 122 South Third Street, Louisiana,				22c. DATE SIGNED 9-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT. 17, 1959		23c. NAME OF CEMETERY OR CREMATORY MOUNTZION CEMETERY PIKE COUNTY MISSOURI		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR GRACE BANKHEAD, BOWLING GREEN, MO				25. DATE RECD. BY LOCAL REG. SEPT 23-1959		26. REGISTRAR'S SIGNATURE Bernice Collier			

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 Harold C. Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.