

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041320**

FILED VS NOV 3 0 1959

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 137

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Pulaski</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Roubidou Township</b>		a. STATE <b>Missouri</b> COUNTY <b>Pulaski</b>		c. CITY OR TOWN <b>LaQuey, Missouri</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None. LaQuey, Mo.</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>----- Rural Rt. #es <input checked="" type="checkbox"/> No <input type="checkbox"/></b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>WILLIAM</b>		Middle <b>BRYAN</b>		Last <b>NICKS.</b>		Month <b>November</b> Day <b>15,</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/18/1897</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and state or country) <b>Brownfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Nicks.</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Issac.</b>		14. NAME OF HUSBAND OR WIFE <b>Watye Nicks.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None....</b>		17. INFORMANT <b>Everett Nicks. Waynesville, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b>						<b>14 Days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Paralysis</b>						<b>6 yrs</b>	
DUE TO (c) <b>Automobile accident</b>						<b>6 yrs</b>	
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 _____ s.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 <b>Nov 3, 1953</b> to <b>Nov 15, 1959</b> and last saw her/him alive on <b>Nov. 14, 1959</b> Death occurred at <b>4:00</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>R.D. Dewitt</b> (Degree or title) <b>D.O.</b>				22b. ADDRESS <b>Waynesville, Missouri</b>		22c. DATE SIGNED <b>11/17/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/17/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b> ADDRESS <b>Waynesville, Missouri</b>				DATE RECD. BY LOCAL REG. <b>11-19-1959</b>		26. REGISTRAR'S SIGNATURE <b>Gula Mae Anderson</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 1 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.