

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

=60-000218

STATE FILE NUMBER

DED

Registration District No. 3-8 Primary Registration District No. 3006 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>1 yr</u>		c. CITY OR TOWN <u>Columbia</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>1007 Alton Street</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1007 Alton Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Hollis</u> Middle <u>E.</u> Last <u>Nichols</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>6,</u> Year <u>1960</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>Nov. 21, 1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>74</u> Days <u>74</u>	IF UNDER 24 HR Hours <u>74</u> Min. <u>74</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or county) <u>Boone County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>									
13a. FATHER'S NAME <u>William Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Missouri Grindstaff</u>			14. NAME OF HUSBAND OR WIFE <u>Amy Crane Nichols</u>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>494-22-3665</u>		17. INFORMANT <u>Mrs. H. E. Nichols Columbia, Mo.</u>			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) <u>Myocardial Insufficiency</u> DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Myocardial Infarct</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>8 day</u> <u>Aug 1959</u>									
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 <u>7:00A</u> Month, Day, Year <u>Aug 1959</u>		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 <u>Columbia</u>		COUNTY <u>Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 1959</u> to <u>Feb 6 1960</u> and last saw him alive on <u>Feb 6 1960</u> Death occurred at <u>7:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE <u>R. B. Bissong</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Columbia Mo</u>				22c. DATE SIGNED <u>7/6/60</u>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/7/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>			23d. LOCATION (City, town, or county) <u>Columbia, Missouri</u>		23e. (State) <u>Mo</u>								
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>				ADDRESS <u>Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 7 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 9 1981

**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

*George J. ...*

Licensed Embalmer No. 442

P. O. Address Columbus

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.