

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007267

FILED VS. MAR 10 1960 209

Registration District No. _____ Primary Registration District No. 3043 Registrar's No. 86

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls,	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri.		Length of stay in 1b 3 Days.	c. CITY OR TOWN RFD Center, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Elizabeth Hospital.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Center Township. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLEMMMA Middle MAE Last NICHOLS.	4. DATE OF DEATH Month Feb Day 20, Year 1960.
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-60	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.	10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (City and state or country) Ralls Co, Missouri.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Melvin Montgomery.	13b. MOTHER'S MAIDEN NAME Susie Fanning.	14. NAME OF HUSBAND OR WIFE John L. Nichols.
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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 John L. Nichols, Center, Mo.	Address
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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) Cerebral vascular hemorrhage, severe		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchial pneumonia, 3 days	3 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"/> N <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from **2-18-60** to **2-19-60** and last saw her/him alive on **2-19-60**
Death occurred at **8:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rubert Fanning, M.D.	22b. ADDRESS Hannibal, Missouri.	22c. DATE SIGNED 2-21-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-23-1960	23c. NAME OF CEMETERY OR CREMATORY Plesant Grove Cemetery.	23d. LOCATION (City, town, or county) (State) Ralls Co., Mo.
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24. FUNERAL DIRECTOR Clayton Barry, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3/7/60	26. REGISTRAR'S SIGNATURE St. E. M. Lucke by Lillian M. Herman
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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 Clyde B. Weiss

Licensed Embalmer No. 3820.

P. O. Address Perry, Mo.

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.