URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

-60-009539

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elk Twsp.
Length of stay in 1b: 8 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in Hospital, give location) 3miles N. W. Catron
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Catron
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Fen Middle: Guy Last: Nichols

4. DATE OF DEATH Month Day Year: Febuary 10, 1960

5. SEX: Male

6. COLOR OR RACE: Colored

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: March 5, 1876

9. AGE (last birthday): 83

IF UNDER 1 YEAR: Months 11 Days 5 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Savannah, Tenn

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Tom Nichols

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Beckett Address: 218s. 5th LoveJoy, Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac decomp.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Old age
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Feb 5, 1960, to Feb 10, 1960 and last saw ~~him~~ him alive on Feb 10, 1960

Death occurred at 12.50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Geo W Husted

22b. ADDRESS Parma, Mo

22c. DATE SIGNED 2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb 14, 1960

23c. NAME OF CEMETERY OR CREMATORY: Simmons burial Park

23d. LOCATION (City, town, or county) (State): Catron, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.: Feb 13, 1960

26. REGISTRAR'S SIGNATURE: ~~Geo W Husted~~ Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5030

P. O. Address Lilburn, Ga

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.