FILED VS APR 4 1960
r. Wood

URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010600

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2500 Registrar's No. 352

ENDED

1. PLACE OF DEATH a. COUNTY: GREENE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b: 13 YRS.	c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BAPTIST HOSP. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 654 OVERHILL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARVIN Middle: Last: NICKELS		4. DATE OF DEATH Month: MARCH Day: 22 Year: 1960	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 7/23/11
9. AGE (last birthday): 48	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): SADDLE, ARKANSAS	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JONATHON NICKELS	13b. MOTHER'S MAIDEN NAME: BESSIE SHARP	14. NAME OF HUSBAND OR WIFE: LAVERNE NICKELS	
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.: 431-28-4284	17. INFORMANT Address: GROVER NICKELS, KANSAS CITY, MO.	

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): Bruishot wound, skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

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.) SHOT SELF WITH 22 CAL PISTOL
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 3/22/60		
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.): HOME	20f. CITY, TOWN, OR LOCATION: SPRINGFIELD COUNTY: GREENE STATE: MISSOURI

21. I attended the deceased from 22 Mar 60, to 22 Mar 60 and last saw him alive on 22 Mar 60

Death occurred at 1;15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William W. Wood MD,	22b. ADDRESS: Spfld Mo.	22c. DATE SIGNED: 24 Mar 60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 3/26/60	23c. NAME OF CEMETERY OR CREMATORY: THAYER CEMETERY
23d. LOCATION (City, town, or county) (State): THAYER, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER, SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG.: 3-28-60	26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 15 1960

STATEMENT BY LICENSED EMBALMER APR 5 1960

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 H L McCann

Signature of Student Embalmer

Licensed Embalmer No. 272

P. O. Address Springfield

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.