URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-011718

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 5691 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson Twp
Length of stay in 1b: -
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rural road, 4 mi. NW of Brookfield
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 620 Hansen Ave
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CECIL Middle NICKERSON Last
4. DATE OF DEATH: Month March Day 15 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-2-1907
9. AGE (last birthday): 53
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): Shoe worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg.
11. BIRTHPLACE (City and state or country): Bucklin, Mo.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Alexander Nickerson
13b. MOTHER'S MAIDEN NAME: Eva Fields
14. NAME OF HUSBAND OR WIFE: Ethel Faught
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.: 487-01-4917
17. INFORMANT: Mrs. Ethel Nickerson, Brookfield, Mo. Address

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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: IMMED
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ANGINA PECTORIS — 3 YRS
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. ☐ 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.) EXERTION + EXCITEMENT - FROM CAR BEING STUCK IN SNOW DRIFT
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 —, to —, and last saw her/him alive on —
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. Wright (Degree or title) Coroner
22b. ADDRESS: Meadville, Mo.
22c. DATE SIGNED: 3-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-18-1960
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wright Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-60
26. REGISTRAR'S SIGNATURE: Kathalene Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 3 1960

VS MAR 1 4 1960

MAR 29

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 Harold B. Wright

Signature of Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

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.