

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014215

FILED VS APR 25 1960 **38**

Registration District No. _____ Primary Registration District No. **4051** Registrar's No. **228**

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hallsville		Length of stay in lb 5 Yrs.	c. CITY OR TOWN Columbia Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hartley Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 614 Paris Court Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
ZINA	PEARL	NICHOLS	April	14	1960

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1886	9. AGE (last birthday) 74	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) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Ashland, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Ira Nichols	13b. MOTHER'S MAIDEN NAME Tobitha Ellen Wilcoxon	14. NAME OF HUSBAND OR WIFE Peter E. 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. 493-28-9782	17. INFORMANT Owen B. Nichols, Columbia, Mo.
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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) Decompensating heart (Myocardial Decompensation)		3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardio -renal disease	Yrs .
	DUE TO (c) Parkinsons Disease	Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Decupitus ulcers .	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 _____

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 **May 11, 1957** to **April 11, 1960** and last saw her ^{her} ~~him~~ live on **April 11-1960**
Death occurred at **8:40 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Walter J. [Signature]</i> (Degree or title) D.O.	22b. ADDRESS 311 Christian College Ave Columbia, Missouri	22c. DATE SIGNED 4-15-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-17-1960	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Boone County, Missouri
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24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. April 16, 1960	26. REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 1 4 1961

VS MAR 1 6 1961

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 P. Kern

Licensed Embalmer No. 4752

P. O. Address Columbia,

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