

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029421

FILED VS JUL 19 1960

360

Primary Registration District No. 6225 Registrar's No. 139

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Van Buren</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wash Twp</u>		Length of stay in 1b <u>25 da</u>	c. CITY OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3330 JACKSON AVE.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Rolland</u> Middle <u>J.</u> Last <u>Nichols</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>10</u> Year <u>1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/1874</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BLACKSMITH</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINES</u>	11. BIRTHPLACE (City and state or country) <u>Schuyler Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Sours</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>41-01-1991</u>	17. INFORMANT <u>Harp record</u> Address		
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) <u>arteriosclerotic heart disease</u>					
DUE TO (b) <u>gen arteriosclerosis</u>					
DUE TO (c) <u>advancing age</u>					
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"/> No <input type="checkbox"/> Unknown
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.)	
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
21. I attended the deceased from <u>11-1-59</u> to <u>7-10-60</u> and last saw ^{her} him alive on <u>7-9-60</u> Death occurred at <u>S.A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>F.L. Martin M.D.</u>		22b. ADDRESS <u>St. Mary's Hospital Nevada</u>		22c. DATE SIGNED <u>7-10-60</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY,</u>		23d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>

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 Harvey B. Arner

Licensed Embalmer No. 4463

P. O. Address Joplin 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.