

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033513

LED VS AUG 23 1960

STATE FILE NUMBER

NDED

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <del>Missouri</del> <u>SHANNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <del>Missouri</del> <u>SHANNON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Birch Tree Mo.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Birch Tree, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>A.</u> Last <u>Nicholson</u>				4. DATE OF DEATH Month <u>August</u> Day <u>2</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/10/1899</u>		9. AGE (last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Birch Tree, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>John Ann Nicholson</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Shihler</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT <u>Zella Nicholson Rt. 2 Birch Tree, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma - lung</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</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>May 1959</u> to <u>8-2-60</u> and last saw her <u>alive</u> on <u>8-2-60</u> Death occurred at <u>7:20 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Dr. J. J. [Signature]</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>MTN. VIEW, MO</u>		22c. DATE SIGNED <u>8-2-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/4/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Turkey Oak Cemetery</u>		23d. LOCATION (City, town, or county) <u>Montier, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>American Funeral Home Mt. View, Mo.</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Michel [Signature]</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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles P. Parata

Licensed Embalmer No. 5107

P. O. Address Mtn. U.

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