

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035448

LED VS OCT 10 1960

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 183

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in lb 41 Years	c. CITY OR TOWN Chillicothe Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1515 Bryan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Arthur Middle Clark Last Nichols			4. DATE OF DEATH Month October Day 2 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Farm Machinery	11. BIRTHPLACE (City and state or country) Grundy County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Robert Huston Nichols	13b. MOTHER'S MAIDEN NAME Susan McHargue	14. NAME OF HUSBAND OR WIFE Nell Duff 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. 490-10-3662	17. INFORMANT Mrs. A.C. Nichols, Chillicothe, 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: IMMEDIATE CAUSE (a) Emphysema, Terminal		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Embolism	
	DUE TO (c) Coronary Occlusion	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Chillicothe, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from Sept. 26-60 to Oct. 2-60 and last saw him alive on Oct. 2-60 Death occurred at 12:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Joseph Conrad M.D.	(Degree or title)	22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED Oct. 4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri

24. FUNERAL DIRECTOR Norman F.H. Chillicothe, Missouri	25. DATE RECD. BY LOCAL REG. Oct 4, 1960	26. REGISTRAR'S SIGNATURE Annalee Taylor
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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

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Mi

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