

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013158
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4105 Registrar's No. 63

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin Length of stay in 1b 15 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION --- Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Gallatin Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Charles Willington Nickell May 1 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-19-1877 9. AGE (last birthday) 84
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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm Owner 11. BIRTHPLACE (City and state or country) Daviess Co., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph C. Nickell 13b. MOTHER'S MAIDEN NAME Nancy Haines 14. NAME OF HUSBAND OR WIFE ---

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. None 17. INFORMANT Mrs. Roberta Caldwell, Gallatin, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Toxemia from 4th degree Burns INTERVAL BETWEEN ONSET AND DEATH 1 month
had caught afire, smoking pipe went to sleep
DUE TO (b) Chronic nephritis & pyelitis 1 yr.
DUE TO (c) ---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral hemorrhage 2 yrs ago, partial paralysis, not sure. 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.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

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 May 1959 to May 1st and last saw ^{her} alive on May 1/61
Death occurred at 9:25 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. H. H. H. (Degree or title) 22b. ADDRESS Gallatin Mo 22c. DATE SIGNED 5/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-3-1961 23c. NAME OF CEMETERY OR CREMATORY Old Pilot Grove 23d. LOCATION (City, town, or county) (State) Daviess Co. Mo.

24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 6th May 1961 26. REGISTRAR'S SIGNATURE Hugh M. Engelbert

MAY 9 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. O. Rickerson

Licensed Embalmer No. 3302

P. O. Address Hallatun, 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.