

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013402

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 348

STATE FILE NUMBER

FILED APR 17 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	a. STATE Mo.		b. COUNTY Polk
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in 1b	c. CITY OR TOWN Halfway, Missouri	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge-Protestant	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First HARRY	Middle ALEXANDER	Last NICHOLS	4. DATE OF DEATH	Month April	Day 8,	Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11/25/1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 4 Days 13	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) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Bonham, Texas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Harry Nichols	13b. MOTHER'S MAIDEN NAME Elizabeth Alexander	14. NAME OF HUSBAND OR WIFE Frances (divorced)
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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 Yes Peace time vice	17. INFORMANT 1448 S. Cheyenne, Tulsa Mrs. Elizabeth Nichols, 19, Okla.
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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) Crushing internal body injuries		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) He was in a one vehicle accident. He apparently was only occupant and driver of auto. He was thrown out of auto and it landed upon his body.
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20c. TIME OF DEATH Approx 7:15 P.M.	Month, Day, Year 4/8/1961	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway #13	20f. CITY, TOWN, OR LOCATION No. of Springfield, Greene, Missouri	COUNTY	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **Approx. 7:35 p.m.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Cliff H. Thieme</i>	(Degree or title) Greene County Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 4/10/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 4/11/1961	23c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 4-11-61	26. REGISTRAR'S SIGNATURE <i>Effie S. Meeton</i>
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APR 21 1961

APR 19 1961

APR 25 1961

MAY 2 1961

MAY 19 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Springfield

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.