

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-017216
STATE FILE NUMBER

Registration District No. **139** Primary Registration District No. _____ Registrar's No. **32**

AMENDED
FILED JUN 13 1961

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOLT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL FOREST TWP.	Length of stay in 1b 19 YRS.	c. CITY OR TOWN FOREST CITY	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi N. Forest City		d. STREET ADDRESS (If outside, give location) 1 MI. NORTH	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDGAR CURTIS NICHOLSON			4. DATE OF DEATH Month Day Year JUNE 1, 1961		
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 5/14/1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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 FARMING	11. BIRTHPLACE (City and state or country) SALEM, IND.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME DAWSON L NICHOLSON		13b. MOTHER'S MAIDEN NAME MARGARET ROBERTS	14. NAME OF HUSBAND OR WIFE LINDA NICHOLSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			17. INFORMANT Address MRS. LINDA NICHOLSON, Forest City, Mo.		

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) CORONARY OCCLUSION		30 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) HYPERTENSION, ARTERIOSCLEROSIS	2 YEARS
	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"/> N: <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 **OCT 1958** to **JUNE 1, 61** and last saw ^{her}him alive on **5-29-1**
Death occurred at **1** A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Corbin, D.O.	22b. ADDRESS Orange, Mo.	22c. DATE SIGNED 6-5-1.
---	------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6/4/1961	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE	23d. LOCATION (City, town, or county) (State) MOUND CITY, MO.
24. FUNERAL DIRECTOR ADDRESS James H. Crawford, Mound City, Mo.		25. DATE RECD. BY LOCAL REG. 6-5-1961	26. REGISTRAR'S SIGNATURE James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mount City

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.