

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

43-61-026016

STATE FILE NUMBER

AMENDED

Registration District No. 210
 FILED AUG 14 1961

Primary Registration District No. 4322 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Putnam</u> <u>Merced</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Axtel Hoapital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> c. CITY OR TOWN <u>Lucerne</u> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>E.</u> Last <u>Nicholson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/10/1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Indiana U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John H. Nicholson</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Stephenson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Glenna A. Nicholson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			17. INFORMANT Address <u>Lucerne, Mo.</u> <u>Mrs. Glenna A. Nicholson</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>Chronic Myocarditis</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>2 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial Asthma</u>					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>Feb 10 1943</u> to <u>July 28, 1961</u> and last saw him alive on <u>July 28, 1961</u> Death occurred at <u>10:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>E. A. Dale</u> (Degree or title)			22b. ADDRESS <u>Newtown, Mo.</u>		22c. DATE SIGNED <u>7/29/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/30/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lucerne Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lucerne, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Comstock Funeral Home</u> BY <u>John H. Comstock</u> Unionville, Mo.		25. DATE RECD. BY LOCAL REG. <u>7-29-61</u>		26. REGISTRAR'S SIGNATURE <u>Shale Moss</u>		

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 BY AFFIDAVIT OF

1901 8 10 11 8A

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 John N. Comstock
Licensed Embalmer No. 3891

P. O. Address Thurmont, 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.