

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037888

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registered District No. 251  
 FILED OCT 23 1961

Primary Registration District No. 3048

Registrar's No. 198

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>			Length of stay in 1b <b>16 days</b>		c. CITY OR TOWN <b>Burlington Jct.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1 mile south</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHLOE</b> Middle <b>SYLVIA</b> Last <b>NICHOLAS</b>				4. DATE OF DEATH Month <b>10</b> Day <b>10</b> Year <b>61</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/28/89</b>		
9. AGE (last birthday) <b>72</b>		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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Clearmont, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Grant Taylor</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Gray</b>			14. NAME OF HUSBAND OR WIFE <b>Will E. Nicholas</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. John Brown, Elmo, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per (a) (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
DUE TO (b) <b>Cerebral arteriosclerosis</b>							<b>10 yrs</b>	
DUE TO (c) <b>Hypertensive Cerebrovascular Disease</b>							<b>10 yrs</b>	
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 checked="" type="checkbox"/> Yes <input checked="" 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 <b>1959</b> to <b>10/10/61</b> and last saw her <sup>her</sup> <del>him</del> alive on <b>10/10/61</b> Death occurred at <b>10:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M. D.</b>				22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>10/12/61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>10/12/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ohio</b>		23d. LOCATION (City, town, or county) (State) <b>Burlington Jct., Mo.</b>		
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-14-61</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

**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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.