

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040567

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 078 Primary Registration District No. _____ Registrar's No. 11

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem Twp</u>	Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Pattonsburg</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Salem Twp.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Samuel Lewis Nickerson</u>			4. DATE OF DEATH Month Day Year <u>NOV 15 - 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>JUN 30 1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Davies Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Nickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Mar Nickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Nickerson</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>		16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT Address <u>Maude Nickerson Pattonsburg</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>Crushed chest wall</u>	INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>falling tree limb</u>	
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.
 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.)
A large limb from a dead tree fell and struck him on head & chest

20c. TIME OF INJURY
Hour Month, Day, Year
5:15 p.m. 11/15/1961

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.)
Back yard of home

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Pattonsburg RFD #3 Davies Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 5:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
P. Baumgardner

22b. ADDRESS
Pattonsburg Mo

22c. DATE SIGNED
11/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-18-61

23c. NAME OF CEMETERY OR CREMATORY
Coffey

23d. LOCATION (City, town, or county) (State)
Coffey Mo.

24. FUNERAL DIRECTOR ADDRESS
Roberson Chapel Pattonsburg Mo.

25. DATE RECD. BY LOCAL REG.
23 Nov. 1961

26. REGISTRAR'S SIGNATURE
Regina Engelhart

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 5 1961

JAN 23 1962

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 Harvey A. Johnson

Licensed Embalmer No. 5075

P. O. Address Patterson, Pa.

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.