

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5674 STATE FILE NUMBER

AMENDED

STATE FILE NUMBER

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED DEC 1 1961

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | Length of stay in 1b <u>40 yrs.</u> | c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPHS HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3413 EAST 72ND ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>JENNIE</u> Middle <u>P.</u> Last <u>NICHOLS</u> | 4. DATE OF DEATH Month <u>NOVEMBER</u> Day <u>10</u> Year <u>1961</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-21-1897</u> | 9. AGE (last birthday) <u>64 YEARS</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and state or country) <u>BATH, ILLINOIS</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> |
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| 13a. FATHER'S NAME <u>HENRY ALLEN CALHOUN</u> | 13b. MOTHER'S MAIDEN NAME <u>CORNELIA PARISH</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM NICHOLS</u> |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT Address <u>Mrs. GEORGE MILLER, 8042 Montgall</u> |
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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) <u>Cirrhosis of liver</u> | | <u>2 mo</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hypertension</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 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 |
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21. I attended the deceased from 1955 to Nov 10, 1961 and last saw her alive on Nov. 10, 1961
Death occurred at Nov. 10, 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>D. Q. Lyndon, Jr.</u> (Degree or title) | 22b. ADDRESS <u>1027 E. 75, A. CMO,</u> | 22c. DATE SIGNED <u>11-11-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>Nov. 13, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>MUEHLEBACH 6800 TROOST AVE</u> | 25. DATE RECD. BY LOCAL REG. <u>11-13-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
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FILED DEC 1 1964

OFFICE after 1:30 PM

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 L. [Signature]*

Licensed Embalmer No. 5106

P. O. Address *of [Signature]*

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.