

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042016

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 292

Primary Registration District No. 4434

Registrar's No.

FILED DEC 6 1961

1. PLACE OF DEATH a. COUNTY Ralls.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri.		Length of stay in 1b 31Yrs		c. CITY OR TOWN Center, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center, Missouri.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Center, Missouri.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Dewey Last Nichols.				4. DATE OF DEATH Month Nov Day 30 Year 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 8-4-1898	9. AGE (last birthday) 63	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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm.	11. BIRTHPLACE (City and state or country) Center, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J.B.Nichols.			13b. MOTHER'S MAIDEN NAME Bertha Clark.		14. NAME OF HUSBAND OR WIFE Pearl Nichols.		
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 Pearl Nichols . Center, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Tumor of Left Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with Empyema DUE TO (c) Unknown INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None Known					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 Month, Day, Year a.m. p.m. 	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. 30 to 1958 and last saw ^{her} him alive on Nov 29, 1961 Death occurred at 7:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. H. Brooks (Degree or title)				22b. ADDRESS D.O. Center, Missouri.		22c. DATE SIGNED 12-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-2-61	23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery.		23d. LOCATION (City, town, or county) (State) Center, Missouri.		
24. FUNERAL DIRECTOR Clyde B. Wilsey ADDRESS Perry, Mo.				25. DATE RECD. BY LOCAL REG. 12-2-1961		26. REGISTRAR'S SIGNATURE Clyde B. Wilsey	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 . 9 30 SA

929

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 Clyde C. ...

Licensed Embalmer No. 3820

P. O. Address Perry, 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.