

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000561

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 50 STATE FILE NUMBER

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>	Length of stay in lb <u>20 yrs.</u>	c. CITY OR TOWN <u>Fulton</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>Callaway Mem. Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>1211 Circle</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>J.</u> Last <u>Nickles</u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>6</u> Year <u>1962</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>1-2-1876</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Jamestown, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nicholaus Nickles</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Nickles</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Nickles</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 <u>Robert Nickles</u>	Address <u>Fulton, Mo.</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 <u>2 hrs</u> <u>10 hrs</u>
IMMEDIATE CAUSE (a)	<u>Myocardial failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Myocardial degeneration</u>	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured Rt Hip</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <u>Fulton</u>	COUNTY <u>Callaway</u>	STATE <u>Mo.</u>
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21. I attended the deceased from 1955 to Death and last saw her/him alive on 2-6-62
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John J. Brown MD</u>	(Degree or title)	22b. ADDRESS <u>Fulton Mo</u>	22c. DATE SIGNED <u>2-9-62</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-8-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Cdms.</u>	23d. LOCATION (City, town, or county) <u>Fulton Mo.</u>
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24. FUNERAL DIRECTOR <u>Manpin Funeral Home</u>	ADDRESS <u>Fulton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 9-1962</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 Gene C. Maupin

Licensed Embalmer No. 5092

P. O. Address Fallon, 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.