MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005526
STATE FILE NUMBER

FILED FEB 26 1962

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 114

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 5 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pactor's Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Hartsburg — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D. #1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: PAULINA Middle: Last: Nichols

4. DATE OF DEATH: Month: Feb. Day: 21 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 22 1889
9. AGE (last birthday): 72
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Willie Smith
13b. MOTHER'S MAIDEN NAME: Lucy Rogers
14. NAME OF HUSBAND OR WIFE: Nathan T. Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Nathan T Nichols — Address: Hartsburg Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Apoplexy, Cerebral left — INTERVAL BETWEEN ONSET AND DEATH: 5 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of Umbilicus

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 2, 1962 to Feb 21, 1962 and last saw her/him alive on Feb 17, 1962
Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Baker MD
22b. ADDRESS: Columbia Mo
22c. DATE SIGNED: Feb 24 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 23 1962
23c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetery
23d. LOCATION (City, town, or county) (State): Ashland Mo.

24. FUNERAL DIRECTOR: Burnett Funeral Home
ADDRESS: Ashland Mo
25. DATE RECD. BY LOCAL REG.: Feb 28 1962
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1966

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_____ Signed Wm C. Burnett
Signature of Student Embalmer

Licensed Embalmer No. 3564

P. O. Address Ashland 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.