

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016373

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

290

Primary Registration District No.

Registrar's No.

45

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Waynesville

Length of stay in 1b

15 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Residence

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Pulaski

c. CITY OR TOWN

Waynesville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Residence

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Andrew

Middle

W

Last

Nicklein

4. DATE OF DEATH

Month

April

Day

8

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

Never Married ☐

Divorced ☐

Aug 31-1908

9. AGE (last birthday)

53

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hotel Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Dr Soto MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Lewis Nicklein

13b. MOTHER'S MAIDEN NAME

Elizabeth Brunning

14. NAME OF HUSBAND OR WIFE

Alice B. Nicklein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

444-05-8903

17. INFORMANT

Alice B. Nicklein

Address

Waynesville 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)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

at death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Sclerosis

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.)

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 _____ to _____ and last saw her alive on _____

Death occurred at

5: A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

HEIDI L. DO

22b. ADDRESS

Waynesville MO

22c. DATE SIGNED

4/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/11/1962

23c. NAME OF CEMETERY OR CREMATORY

Glade Chapel Cem.

23d. LOCATION (City, town, or county)

Hillsborough MO

24. FUNERAL DIRECTOR

MOSS-WILLIAMS

ADDRESS

Waynesville MO

25. DATE RECD. BY LOCAL REG.

4-11-62

26. REGISTRAR'S SIGNATURE

Paula Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10850

20850

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

12 90-2

13 1-0

APR 19 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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.