MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026365

STATE FILE NUMBER

Registration District No. 54 Primary Registration District No. 4097 Registrar's No. 126

FILED AUG 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0192
2	0192
3	
4	1
5	2
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7	0
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11	
12	1-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH a. COUNTY: Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Harrisonville — Length of stay in 1b: 40 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Harrisonville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 403 W. Washington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First IDA Middle SUZANNA Last NICHOLS

4. DATE OF DEATH: Month Aug Day 7 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Jan 29 1882

9. AGE (last birthday): 80 — 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): Bates Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John H. Bowman

13b. MOTHER'S MAIDEN NAME: Louella Leanna Conard

14. NAME OF HUSBAND OR WIFE: Wm J. Nichols

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

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Hallie V. Bowman Address: Harrisonville 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sdoup.

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)

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 Oct 1949, to Aug 7-62 and last saw her/him alive on 8-7-62

Death occurred at 5 45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward S. Jones MD

22b. ADDRESS: Harrisonville, Mo

22c. DATE SIGNED: 8-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug 10 1962

23c. NAME OF CEMETERY OR CREMATORY: Crescent Hill Cemetery

23d. LOCATION (City, town, or county) (State): Adrian Mo

24. FUNERAL DIRECTOR ADDRESS: Runnenburgers Harrisonville Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE: Ray J. Sebree acting Reg.

(Licensed Embalmer's Statement on Reverse Side)

Dr J.

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 Frank E Runnenburger 3rd

Licensed Embalmer No. 5073

P. O. Address Harrisonville, 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.