

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033830

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1016

FILED SEP 17 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF W. J. MOTHERHEAD MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>   |   | c. CITY OR TOWN <b>St. Joseph,</b>   |   |
| Length of stay in lb <b>Most of Life</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>611 North 11th St. Wilson Nursing Home</b>  |   | d. STREET ADDRESS (If outside, give location) <b>2619 South 14th Street</b>  |   |
| 3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>NEFF</b> Last <b>NICHOLS</b>   |   | 4. DATE OF DEATH Month <b>September</b> Day <b>6</b> Year <b>1962</b>  |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 24, 1875</b>                                     |
| 9. AGE (last birthday) <b>89</b>   |   | IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>   | IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>  | 11. BIRTHPLACE (City and state or country) <b>Cameron, Missouri</b>       |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |   | 13a. FATHER'S NAME <b>Henry Neff</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>Elsie Jones</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Robert Charles Nichols</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |   | 16. SOCIAL SECURITY NO. <b>None</b>  |   |
| 17. INFORMANT <b>Son</b>   |   | Address <b>Mr. Harley Nichols - St. Joseph, Missouri</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fractured Rt femur 4 weeks ago</b> |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____  |   |  |   |
| 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 <b>Dec 1959</b> to <b>Sept 1962</b> and last saw her/him alive on <b>9/6/1962</b><br>Death occurred at <b>12:00 Noon</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE <b>W. J. Motherhead</b> (Degree or title)   |   | 22b. ADDRESS <b>2603 Fredrick</b>  |   |
| 22c. DATE SIGNED <b>9-7-62</b>   |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |   | 23b. DATE <b>Sept. 8, 1962</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>   |   | 23d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b> (State)  |   |
| 24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>Sept 7, 1962</b>   |   |
| 26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>  |   |  |   |

Permit issued 9/7/62

**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 Robert H. Alley, Student Embalmer No. 662

working under my personal supervision.

Student Robert H. Alley  
Signature of Student Embalmer

Signed Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St Joseph Ho

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.