No. 300
10-48

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FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7596

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 3 mo 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CHARITON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SALISBURY 21
d. STREET ADDRESS (If rural, give location) 2 1 0

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) FRANK
c. (Last) NICKERSON

4. DATE OF DEATH (Month) MARCH (Day) 22 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 16 1880
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Salisbury Missouri
12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Charles Nickerson
13b. MOTHER'S MAIDEN NAME Susie Elliott
14. NAME OF HUSBAND OR WIFE Belle Nickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME State Hospital Records ADDRESS Fulton Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION of MYOCARDIUM — INTERVAL BETWEEN ONSET AND DEATH 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☐

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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Feb 4, 1949, *to* March 22, 1949, *that I last saw the deceased alive on* March 22, 1949, *and that death occurred at* 7:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry Wayne Gtofelt M.D.
23b. ADDRESS Fulton, Missouri
23c. DATE SIGNED 22 March 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Mar 23 1949
24c. NAME OF CEMETERY OR CREMATORY Salisbury
24d. LOCATION (City, town, or county) (State) Mo

DATE REC'D BY LOCAL REG. Mar 23 1949
REGISTRAR'S SIGNATURE Josie Morsinkhoff
25. FUNERAL DIRECTOR'S SIGNATURE Fred A Thompson ADDRESS Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File No. MAR 28 1949
Date Filed

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 .....
Student Embalmer

Signed Fred A Thompson

Licensed Embalmer No. 1420

P. O. Address Madison Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.