

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11359**

114

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartville	
c. LENGTH OF STAY (In this place) 64 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H c. (Last) Nickle			4. DATE OF DEATH (Month) (Day) (Year) 3 28 49
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1884
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 2 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier	11. BIRTHPLACE (State or foreign country) Hartville, Mo
12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME William Nickle		13b. MOTHER'S MAIDEN NAME Millie Titus	14. NAME OF HUSBAND OR WIFE Docia Nickle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Nickle Hartville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency INTERVAL BETWEEN ONSET AND DEATH 5 yrs 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. 410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1949 , to Mar 26, 1949 , that I last saw the deceased alive on Mar. 26, 1949 , and that death occurred at 4:00 A m. , from the causes and on the date stated above.			
23a. SIGNATURE J. R. Mott M.D. (Degree or title)		23b. ADDRESS Hartville Mo	23c. DATE SIGNED 4/2/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-30-1949	24c. NAME OF CEMETERY OR CREMATORY Steele Memorial	24d. LOCATION (City, town, or county) (State) Hartville Mo.
DATE REC'D BY LOCAL REG. Apr. 2, 1949	REGISTRAR'S SIGNATURE O'Garner 346	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Gene E Holdren, Hartville, Mo.	

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

RECEIVED

District Health Officer No. 6,

District File Number 449-400

Date Filed 4-6-49

MAY 5 1949

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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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 this body is not embalmed, fact should be so stated above.