.S. No. 300
Rev. 10.48

059

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

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9535

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe
c. LENGTH OF STAY (in this place) 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 509 Cherry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe 0592
d. STREET ADDRESS (If rural, give location) 509 Cherry 0

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Louis
c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year) Mar. 11, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed V
8. DATE OF BIRTH June 18, 1862
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 8 Days 23 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister Retired
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pea Ridge, Ill 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Nichols
13b. MOTHER'S MAIDEN NAME Celia Wright
14. NAME OF HUSBAND OR WIFE Elizabeth

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'S SIGNATURE OR NAME Everett Nichols - Chillicothe, Mo ADDRESS

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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 8 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 10, 1950, *to* Mar, 1950, *that I last saw the deceased alive on* Mar 10, 1950, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Collier (Degree or title) M.D.
23b. ADDRESS Chillicothe Mo
23c. DATE SIGNED March-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March-14-50
24c. NAME OF CEMETERY OR CREMATORY Edgewood
24d. LOCATION (City, town, or county) (State) Chillicothe Mo

DATE REC'D BY LOCAL REG. March 13/50
REGISTRAR'S SIGNATURE Frances B Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE Donald Goodlaw ADDRESS Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 20 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Donald Gordon

Licensed Embalmer No. 491

P. O. Address Chillicothe, 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.