

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED APR 10 1950**

State File No. **9922**

BIRTH NO. 9604-50 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 36

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Polk</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Witt Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raymondville, Mo. 1070</u> d. STREET ADDRESS (If rural, give location) <u>1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) (First) <u>Linda</u> (Middle) <u>Kay</u> (Last) <u>Nickels</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 2 1950</u>
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>W</u>	<b>8. DATE OF BIRTH</b> <u>March 2, 1950</u>
<b>9. AGE</b> (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 3   30		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b>		<b>13a. FATHER'S NAME</b> <u>Walter Nickels</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jeanette Alexander</u>		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Walter Nickels</u>		<b>ADDRESS.</b> <u>Raymondville, Mo.</u>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent Ductus Arteriosus</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Acute Cardia.</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 to 30 min</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7541</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>2-2</u>, 19<u>50</u>, to <u>2-2</u>, 19<u>50</u>, that I last saw the deceased alive on <u>3-2</u>, 19<u>50</u>, and that death occurred at <u>8:04 A</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Eugene A. DeShon, M.D.</u>		<b>23b. ADDRESS</b> <u>Waynesville Mo</u>	
<b>23c. DATE SIGNED</b> <u>4-3-50</u>			
<b>24a. BURIAL, CREMATION, REMOVALS (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>3-3-50</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Edema Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Polk Co. Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-8-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Shelma C. Buckthorpe</u>	
<b>389</b>		<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>L. Haupt &amp; Sons</u>	
<b>ADDRESS</b> <u>Waynesville Mo</u>			

WRITE PLAINLY—USING INK—PREPARE

3/5/50

County Health Officer

File Number 36

Date Filed 3/9/50

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.

Signed .....  
Student Embalmer

Signed

*Paul B. Huops*

Licensed Embalmer No.

3261

P. O. Address

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

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