

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16371**

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald, Mo. Lyon</u>		c. LENGTH OF STAY (In this place)		a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald, Mo. Lyon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald, Lyon, Missouri</u>		b. COUNTY <u>Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>0360</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Charles</u>	b. (Middle) <u>Fred</u>	c. (Last) <u>Nicks</u>	Month <u>April</u>	Day <u>8</u>	Year <u>1950</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>April 22, 1923</u>	9. AGE (In years last birthday) <u>27</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Beemont, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>	13a. FATHER'S NAME <u>Herbert R. Nicks</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Stube</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Nicks</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Nicks, Gerald, Mo.</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	ANTECEDENT CAUSES					DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____					DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.		
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) <u>Gerald, Lyon Franklin Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. P. Hoffa</u>				23b. ADDRESS <u>Corner Sullivan</u>		23c. DATE SIGNED <u>4/18/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald, Franklin, Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald, Franklin, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-10-50</u>	REGISTRAR'S SIGNATURE <u>F. H. Matthews</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest P. Oltman</u>			
DATE REC'D BY LOCAL REG. <u>3-10-50</u>	REGISTRAR'S SIGNATURE <u>F. H. Matthews</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest P. Oltman</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

360

District File Number

District Health Officer No. 9,

RECEIVED
MAY 12 1950

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 *Gerald P. Oldman*

Signed
Student Embalmer

Licensed Embalmer No. 1054

P. O. Address Gerald, Missouri

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.