

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19345

Dehmitt 1111

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>186</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia - Rural Route 5</u> <u>0100</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Columbia Township</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>NICHOLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 25, 1867</u>	
9. AGE (in years last birthday) <u>82</u>		if UNDER 1 YEAR Months <u>9</u> Days <u>0</u>		if UNDER 1 MIN. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Nichols</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Walton</u>		14. NAME OF HUSBAND OR WIFE <u>Demearis Watson Nichols</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Belle Nichols, Route 5, Columbia, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Skin of chest</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>191X</u>
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) (Min.)		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 <u>June 24, 1950</u> , to <u>June 25, 1950</u> , that I last saw the deceased alive on <u>June 25, 1950</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edwin C. Schmidt</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>June 27, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Providence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>June 27 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>31 Barber Funeral Service, Columbia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No. _____
District File Number _____
Date Filed 7.6.50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Tom M Harg

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4067

P. O. Address _____

Columbia 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.