FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34170

State File No.

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 74

1. PLACE OF DEATH

a. COUNTY: Mississippi

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston Rural

c. LENGTH OF STAY (in this place): all of life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Mississippi

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 0670

d. STREET ADDRESS (If rural, give location): Charleston

3. NAME OF DECEASED (Type or Print)

a. (First): Melvin

b. (Middle): none

c. (Last): Nicholson

4. DATE OF DEATH (Month) (Day) (Year): Sept 6, 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 10th, 1950

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Mississippi County Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Nicholson

13b. MOTHER'S MAIDEN NAME: Bertha Decker

14. NAME OF HUSBAND OR WIFE: None

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: William Nicholson, R#2 Charleston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Malnutrition Severe — INTERVAL BETWEEN ONSET AND DEATH: 2 months

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.

7720

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* Sept 6, 1950, *to* Sept 6, 1950, *that I last saw the deceased alive on* Sept 6, 1950, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M. D.

23b. ADDRESS: Charleston, Mo

23c. DATE SIGNED: 9/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/7/50

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): Charleston, Mo

DATE REC'D BY LOCAL REG.: Oct. 28-1950

REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 439

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: THE GUNNELS FUNERAL CHAPEL, Charleston, Mo By [signature]

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 REC

RECEIVED

Miss. Co. Health

County File No.

Date Filed NOV 3

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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

Signed.....
Student Embalmer

Licensed Embalmer No.

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.