

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1522**  
Registrar's No. **27**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**

493

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>68 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>724 Howard St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>724 Howard St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BART</b>	b. (Middle) <b>LOU</b>	c. (Last) <b>NICHOLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 31, 1951</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>October 23, 1881</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 4 HRS. Days <b>8</b>	IF UNDER 15 MIN. Hours <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired saleslady</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>hardware</b>	11. BIRTHPLACE (State or foreign country) <b>Jasper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Owen S. Nichols</b>	13b. MOTHER'S MAIDEN NAME <b>Gentzy Coates</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Claud Fullerton, 724 Howard Carthage, Mo</b>
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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) <b>Cerebral Hemorrhage</b>		<b>2 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High blood pressure</b> DUE TO (c)		<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>3 3/4</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 1950**, to **Jan 31, 1951**, that I last saw the deceased alive on **30 Jan, 1951**, and that death occurred at **7:15p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. E. Gore M.D.</b>	23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>3/1/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Harvey Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jasper County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-3-51</b>	REGISTRAR'S SIGNATURE <b>L. B. Clinton, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary Carthage, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-6-51

Waspe. County Health Office

County File Number 51-1-90

Date Filed 2-6-51

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 \_\_\_\_\_

T.C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rookwood  
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address

Carthage

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.