

FILED JUN 26 1951

STANDARD CERTIFICATE OF DEATH

19420

State File No.

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

105
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BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 1613

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) <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>607 Highway 40</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone-County-Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>607 Highway 40</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Louis</u> c. (Last) <u>Nickerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1951</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>October 9, 1900</u>	9. AGE (In years last birthday) <u>50</u>	10. MONTHS <u>8</u>	11. DAYS <u>8</u>	12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		
13a. FATHER'S NAME <u>Bruce Nickerson</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Bernette Brady</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mettie Palmer</u>					ADDRESS <u>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>Pulmonary tuberculosis</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002 X</u>				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>13 June</u> , 19 <u>51</u> , to <u>17 June</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>17 June</u> , 19 <u>51</u> , and that death occurred at <u>1:55 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Honore E. Thomas</u>			23b. ADDRESS <u>Columbia, Missouri</u>		23c. DATE SIGNED <u>17 June 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jayette Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 20 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		31		F. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Cass</u>		ADDRESS <u>Jayette Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.