

No. 300
10.48

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19653

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5228 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>Rural Pleasant Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill Rural, Miss.</u>	
c. LENGTH OF STAY (In this place) <u>40 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles S-E Pleasant Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S-E Pleasant Hill</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles East of Pleasant Hill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Nicholls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-18-1865</u>	9. AGE (In years last birthday) <u>86</u> (78)	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Scotsdale, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Archabald Nicholls</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie Ann Nicholls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Nicholls</u> ADDRESS <u>Pleasant Hill 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>Cerebral thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: <u>hypertension - basis arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 yrs</u> <u>5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332x</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) (Minute) <u>2:00 P.M. 6-23-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-2-1947, to 6-23-1951, that I last saw the deceased alive on 6-23-51, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURES (Degree or title) <u>C.W. Childers M.D.</u>		23b. ADDRESS <u>Pleasant Hill Mo.</u>		23c. DATE SIGNED <u>6-25-51</u>	
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>6-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Dora Barriard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Brownfield</u>		ADDRESS <u>Pleasant Hill, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *William L. Anderson*

Licensed Embalmer No. *4674*

P. O. Address *Pleasant Hill, 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.