

S. No. 300
v. 10-48

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson
State File No. 29237

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6178 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Shannon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Eminence</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Eminence</u> <u>1010</u> d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u> b. (Middle) _____ c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17-1951</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 20-1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dent Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Andrew J Freeze</u>		13b. MOTHER'S MAIDEN NAME <u>Wooliver</u>	14. NAME OF HUSBAND OR WIFE <u>Wilce 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas J Nichols 2532 Palund St. Rockford, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Bronchial Asthma (chronic)</u> DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____		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>May 15, 1951</u> , to <u>Aug 10, 1951</u> , that I last saw the deceased alive on <u>Aug 10, 1951</u> , and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard F. Wilson, D.O.</u> (Degree or title)			23b. ADDRESS <u>Eminence Mo</u>		23c. DATE SIGNED <u>8-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncel Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-10-51</u>		REGISTRAR'S SIGNATURE <u>Mabel P... 447</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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: *Joe G. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Metu View, Va*

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. f