

LED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30381**
3916
Registrar's No.

BIRTH NO. 53009-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> <u>0740</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>59 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quitman</u>	
		d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rex</u> b. (Middle) <u>Nichols</u> c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1951</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED <u>WIDOWED, DIVORCED</u> (Specify) <u>0</u>	8. DATE OF BIRTH <u>July 13, 1951</u>
9. AGE (In years last birthday) <u>1</u> <u>28</u> <u>0</u>		10. AGE (If under 1 year) (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>00</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>00</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leland Emerson Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Constance Carr</u>	
14. NAME OF HUSBAND OR WIFE <u>00</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>00</u>		16. SOCIAL SECURITY NO. <u>00</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hazel Nichols,</u>		ADDRESS <u>Quitman, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic Illius</u> ANTECEDENT CAUSES DUE TO (b) <u>Congenital Atresia of terminal ileum</u> DUE TO (c) <u>ileum</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION <u>7-16 & 8-17-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Congenital atresia of terminal ileum</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>00</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>00</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>00</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>00</u>			
22. I hereby certify that I attended the deceased from <u>July 13, 1951</u> , to <u>Sept. 10, 1951</u> , that I last saw the deceased alive on <u>Sept. 10, 1951</u> , and that death occurred at <u>10:45 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. W. Thompson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>705 Bryant Bldg</u>	
23c. DATE SIGNED <u>9/10/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Sept 11, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graham</u>		24d. LOCATION (City, town, or county) (State) <u>Graham Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-51</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u>		ADDRESS <u>Madisonville</u>	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.