

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATHState File No. **18370**
Registrar's No. **4007**

FILED MAY 19 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mississippi b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Decatur County 0930	
c. LENGTH OF STAY (In this place) 48 days		d. STREET ADDRESS (If rural, give location) Rt. 2, Box 62	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) Haywood		b. (Middle) Nichols	
c. (Last) Nichols		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/18/1879
9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months 4 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (City and State or Foreign Country) Newton County, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sandy Nichols		13b. MOTHER'S MAIDEN NAME Margaret Timms	
14. NAME OF HUSBAND OR WIFE Nora Nichols			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Nora Nichols, Decatur, Miss.			
17. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial fibrosis, with old myocardial infarctions.		sev. yrs.	
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 checked="" type="checkbox"/> NO <input 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? 4201			
22. I hereby certify that I attended the deceased from Mar. 11, 1952 , to Apr. 28, 1952 , that I last saw the deceased alive on Apr. 28, 1952 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE F. R. Bradley M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 4/28/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removals		24b. DATE 4/30/52	
24c. NAME OF CEMETERY OR CREMATORY Union, Mississippi		24d. LOCATION (City, town, or county) (State) Union, Mississippi	
DATE REC'D BY LOCAL REG. APR 29 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gales		ADDRESS 4107 Finney Ave.	

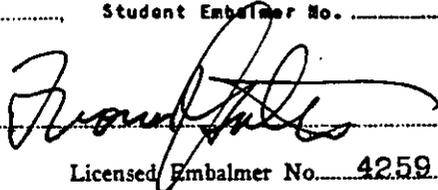
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.