

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39256

State File No.

FILED NOV 17 1952

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 150

512
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri.</u>	
c. LENGTH OF STAY (If in hospital or institution) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>208 East Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Payne</u> b. (Middle) <u>Nichols,</u> c. (Last) <u>Nichols,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8th. 1952</u>	
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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>March 25th 1879</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>73</u>	
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10a. USUAL OCCUPATION (Give kind of work if done during most of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Repair & Bldg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Aullville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>J. Samuel Nichols,</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Roberson,</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Mae Nichols,</u>	
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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. <u>490-14-7606</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Mae Nichols, Warrensburg, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Peptic ulcer (Stomach)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Hypertrophy of prostate</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr</u> <u>1 1/2 yr</u> <u>1 1/2 yr</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>151X</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from 10-31 1952 to II-8- 1952, that I last saw the deceased alive on II-8- 1952, and that death occurred at 1:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>David P. Holmes</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>M.D. Warrensburg, Missouri</u>		23c. DATE SIGNED <u>II-8-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>II-10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Lavarnel White</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Bauninger, Warrensburg, Mo.</u>	
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VS DEC 11 1958

RECEIVED
NOV 10 1952
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. A. Branning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.