S. No. 300
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FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44582

State File No. 5634

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandview 0480
d. STREET ADDRESS (If rural, give location): / X

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ALLEN
c. (Last): NICHOLS

4. DATE OF DEATH (Month) (Day) (Year): DEC. 23 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG-27-1872
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: GRANDVIEW, MO.
11. BIRTHPLACE (City and State or Foreign Country): CLINTON MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JERRY NICHOLS
13b. MOTHER'S MAIDEN NAME: SYLVIA THOMAS
14. NAME OF HUSBAND OR WIFE: RUTH NICHOLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 710-01-9726
17. INFORMANT'S SIGNATURE OR NAME: MRS. RUTH NICHOLS — ADDRESS: GRANDVIEW, MO.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive hemorrhage of ruptured Esophageal Varices	24 hrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	II Cardiac failure	
DUE TO (c)	arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Shock	45

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1952, *to* Dec 23, 1952, *that I last saw the deceased* ✓ *alive on* Dec 22, 1952, *and that death occurred at* 2:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Sam D. Hoeper (Degree or title): Sam D. Hoeper MD
23b. ADDRESS: Grandview, Mo.
23c. DATE SIGNED: Dec 23-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC-26-1952
24c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: DW Newcomers Sons 1331 Brush Creek Blvd Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

P 3:30.5

Dur 5589

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 Basil V Honey

Licensed Embalmer No. 4724

P. O. Address Ashland, 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.