

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **800**

FILED FEB 9 1953
BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4143** Registrar's No. **16**

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

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY COOPER	
b. CITY OR TOWN BLACKWATER	c. LENGTH OF STAY (in this place) 38 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BLACKWATER	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 0274	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) JOE	c. (Last) Nichols	4. DATE OF DEATH (Month) (Day) (Year) February 3 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 24-1886	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months 6 Days 6	11. IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEMAN	10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (State or foreign country) Merden Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph W. Nichols	13b. MOTHER'S MAIDEN NAME Mary Whittlesey	14. NAME OF HUSBAND OR WIFE Unknown
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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) NO	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OF NAME Tyson Bash ADDRESS Blackwater Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury			Inst.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound head DUE TO (c) Self-infliction			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X				

19a. DATE OF OPERATION 2/3/53	19b. MAJOR FINDINGS OF OPERATION	20. Autopsy YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Blackwater Cooper Mo
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21d. TIME OF INJURY (Month) (Day) (Year) Feb 2 1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? shotgun wound to head
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22. I hereby certify that I attended the deceased from **10:00** a.m. to **10:00** a.m., 19**53**, that I last saw the deceased alive on **1/31**, 19**53**, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE Thos. Decker (Degree or title) M.D.	23b. ADDRESS Chesapeake, Brunswick Mo	23c. DATE SIGNED 2/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-3-53	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Casson City, Missouri
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DATE REC'D BY LOCAL REG. 2-3-53	REGISTRAR'S SIGNATURE W. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE W. Cooper ADDRESS 381
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MAR 2 1953

FEB 17 1953

MAY 13 1953

NOV 20 1953

FEB 18 1953

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address K.P. 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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 800

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 26th day of February, 1953, before me appears _____

Joe Nichols, Jr., who, upon his oath, states that the original record of ^{birth} death

for Joe E. Nichols, ^{died} ~~born~~ February 2, 1953, in the State of

Missouri, and which was filed at Jefferson City on Feb. 9, 1953, should be corrected as follows:

Item No. 3 should read Joe E. Nichols

Instead of _____ Joseph W. Nichols

Item No. 17 should read Tyson Nichols, Brunswick, Missouri

Instead of _____ Tyson Bash, Blackwater, Missouri

Item No. 24b should read February 5, 1953

Instead of _____ February 4, 1953

Item No. 24c should read Forest Hill Cemetery

Instead of _____ Mt. Moriah Cemetery

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joe Nichols, Jr. son
Relationship.

116 Forest Hill, Jefferson City, Mo.

Present Address.

Subscribed and sworn to before me this 26 day of February, 1953.

My Commission expires Expires September 25, 1954 _____
Virginia L. Jacobs Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

