

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9004

State File No.

No. 300
10.48

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5152 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0130</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Mary</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Nickman</u>	<u>March 14 - 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct. 17 - 1868</u>	9. AGE (In years last birthday) <u>84</u> Months <u>4</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>		11. BIRTHPLACE (State or foreign country) <u>Newcomer Town Ohio</u>
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <u>James Cain</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Awnspangh</u>	14. NAME OF HUSBAND OR WIFE <u>John Nickman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>4</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Wyant Polomo</u> ADDRESS <u>Palo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>several</u> <u>years</u> <u>Many years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 6-8, 1949, to 3-14, 1953, that I last saw the deceased alive on 3-14, 1953, and that death occurred at 7:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C.H. Wilson M.D.</u>	23b. ADDRESS <u>Palo Mo</u>	23c. DATE SIGNED <u>3-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brain's Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Rocky Mountain Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-17-53</u>	REGISTRAR'S SIGNATURE <u>Bludys Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsbaugh & Cowley</u> ADDRESS <u>Palo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

130
1

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 not

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Alspaugh & Cowley

Licensed Embalmer No.

P. O. Address P.O. no

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.