

No. 300
10-48
600

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25599**

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4309** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY MCDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MCDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SOUTH WEST-CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SOUTH WEST-CITY	
c. LENGTH OF STAY (in this place) 18 YRS.		d. STREET ADDRESS (If rural, give location) 0600	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) MILDRED c. (Last) NICHOLS.			4. DATE OF DEATH (Month) (Day) (Year) 6-17-1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8-18-1916	9. AGE (In years last birthday) 36	9. AGE (In years last birthday) 9 MONTHS 29 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) GROVE-OKLA	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME B.T. BROADUS.	13b. MOTHER'S MAIDEN NAME REBECCA REMSON.	14. NAME OF HUSBAND OR WIFE TOM NICHOLS.
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME TOM NICHOLS-SOUTH WESTCITY	ADDRESS SOUTH WESTCITY
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 170X 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)
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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 **1-1**, 19**50**, to **6-17**, 19**53**, that I last saw the deceased alive on **6-15**, 19**53**, and that death occurred at **5³⁰** p.m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Plankush, M.D.	23b. ADDRESS (Degree or title) Anderson, Mo.	23c. DATE SIGNED 6-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-21-53	24c. NAME OF CEMETERY OR CREMATORY SOUTH WEST-CITY	24d. LOCATION (City, town, or county) (State) SOUTH WEST-CITY-MO
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DATE REC'D BY LOCAL REG. 6-30-53	REGISTRAR'S SIGNATURE Wayne Humphreys	25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey	ADDRESS Removal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, TN

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.