

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31926****4363**BIRTH NO. 54477-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4363

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.C. Missouri</u>		c. LENGTH OF STAY (in this place) <u>18 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oscola</u>		0930
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Children's mercy Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>R#2.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gregory</u>		b. (Middle) <u>Paul</u>	c. (Last) <u>Nickel</u>	4. DATE OF DEATH (Month) <u>9</u> (Day) <u>5</u> (Year) <u>53</u>	
5. SEX <u>D</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby D</u>	8. DATE OF BIRTH <u>August 21-53</u>	9. AGE (in years last birthday) <u>15</u>	IF UNDER 1 YEAR: Months <u>15</u> Days <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Willard Nickel</u>		13b. MOTHER'S MAIDEN NAME <u>Edith P. Moore</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>— none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willard Nickel R#2</u> ADDRESS <u>Oscola Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral harelip &amp; cleft palate</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>254</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-22</u> , 1953, to <u>9-5</u> , 1953, that I last saw the deceased alive on <u>9-5</u> , 1953, and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. W. Greene</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Ward Hospital</u>		23c. DATE SIGNED <u>9-5-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oscola, Mo. Rural</u>		
DATE REC'D BY LOCAL REG. <u>9-5-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Hoodrich</u> ADDRESS <u>Oscola Mo.</u>		

(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 Rep Miller

Licensed Embalmer No. 4492

P. O. Address Oscola, 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.