

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

565

State File No. ....

No. 300

10.48

FILED FEB 9 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4115 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tripplett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Triphett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>H</u> c. (Last) <u>Nicholson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29-1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>June 7-1905</u>		9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Briarfield MO</u>	
13a. FATHER'S NAME <u>SAM Nicholson</u>			13b. MOTHER'S MAIDEN NAME <u>MARY Gates</u>		
14. NAME OF HUSBAND OR WIFE			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound in Abdomen</u>		DUE TO (b) <u>410 Gauge Shot Gun</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>E976X</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) <u>Suicide ?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tripplett Chariton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 29th, 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 10:00P m, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. Gammitt Coroner of Chariton County</u>		23b. ADDRESS <u>Neg Street 706</u>		23c. DATE SIGNED <u>Feb 1 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rothvine</u>	
24d. LOCATION (City, town, or county) (State) <u>Rothvine, Mo</u>		25. FUNERAL HOME RECORDER'S SIGNATURE <u>S. R. Luper</u>		ADDRESS <u>Mendon Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-4-54</u>		REGISTRAR'S SIGNATURE <u>Mildred Brown</u>		56	

(Licensed Embalmers' Statement on Reverse Side)

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

210

0210

FEB 18 1954

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

*A. L. Lipard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon M*

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.