

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3831**

State File No. ....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <i>Wright</i> <span style="float:right">1140 0</span>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wright</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mansfield</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mansfield</i> <span style="float:right">1140</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mansfield Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Mansfield</i>	
3. NAME OF DECEASED a. (First) <i>William</i> b. (Middle) <i>Wilson</i> c. (Last) <i>Nichols</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>2-6-54</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 10, 1881</i>
9. AGE (In years last birthday) <i>72</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>26</i>	IF UNDER 12 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>
12. CITIZENSHIP OF WHAT COUNTRY? <i>U. S. A.</i>			
13a. FATHER'S NAME <i>Jerome Nichols</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Albin</i>	14. NAME OF HUSBAND OR WIFE <i>Martie Clyde Nichols</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mr. Roy Nichols, Mansfield Mo.</i>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
		ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	
		DUE TO (c) <i></i>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Carcinoma of Prostate.</i>	
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) <i>4201 H</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>Jan 11</i> , 19 <i>54</i> , to <i>Feb 6</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>Jan 5</i> , 19 <i>54</i> , and that death occurred at <i>12:55 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. H. Zimmerman</i> (Degree or title) <i>D. O.</i>		23b. ADDRESS <i>Mansfield Mo</i>	23c. DATE SIGNED <i>2/9/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2/18/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mansfield Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Mansfield, Missouri</i>
DATE REC'D BY LOCAL REG. <i>2/12/54</i>	REGISTRAR'S SIGNATURE <i>Stanley R. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Low S. Ferrell, Mansfield, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1954

WRIGHT CO. HEALTH DEPT.  
COUNTY FILE NUMBER 254-24  
DATE FILED 2-15-54

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 *Stan G. Ferrill*

Licensed Embalmer No. 4847

P. O. Address *Mansfield, 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.