

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5300

State File No.

FILED FEB 23 1954 BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg,		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN Warrensburg,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Pershing Courts			e. STREET ADDRESS (If rural, give location) 705 N. College, 05120		
3. NAME OF DECEASED (Type or Print) a. (First) Clara Mable Nichols, b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 10, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22nd, 1900		9. AGE (In years last birthday) Months Days Hours Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Osage County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George A. Robinson		13b. MOTHER'S MAIDEN NAME Cora Ellen Turner		14. NAME OF HUSBAND OR WIFE James A. Nichols	
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 ADDRESS Mr. J.A. Nichols, Warrensburg, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <i>arteriosclerotic heart disease</i> b. <i>Coronary thrombosis</i> c. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs. 1 hr.
18a. DATE OF OPERATION		18b. 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) 4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan. 1952 to 2-10-1954, that I last saw the deceased alive on 2-10-1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Shirley C. ... M.D.</i>			23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 2-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-1954	24c. NAME OF CEMETERY OR CREMATORY Shirley Cemetery	24d. LOCATION (City, town, or county) (State) Linn, Missouri	
DATE REC'D BY LOCAL REG. Feb. 12, 1954	REGISTRAR'S SIGNATURE <i>Savannah C. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>P.B. ...</i>		ADDRESS Warrensburg, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

RECEIVED
FEB 15 1954
JOHNSON COUNTY HEALTH DEPT.

FEB 2 4 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 mb....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed RAB Bauridge.....

Licensed Embalmer No..... 3

P. O. Address Warrens.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.