

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
16067
1915

BIRTH NO. 30474-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1915

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 1212 Agnes 8248	

3. NAME OF DECEASED (Type or Print) Infant	a. (First)	b. (Middle)	c. (Last) NICHOLS	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954
--	------------	-------------	-----------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mm - single	8. DATE OF BIRTH April 28, 1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	Min. 51
-------------------------	----------------------------------	--	---	---------------------------------	---------------------------	--------------------------	--------------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	--

13a. FATHER'S NAME John Leroy Nichols	13b. MOTHER'S MAIDEN NAME Shirley Rice	14. NAME OF HUSBAND OR WIFE none
---	--	--

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 J. L. Nichols	ADDRESS 1212 Agnes, K. C., 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		INTERVAL BETWEEN ONSET AND DEATH 776x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Slightly less than 17 months preg. DUE TO (b) No cause for labor seen. 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? 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)	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 4-28, 1954, to 4-28, 1954, that I last saw the deceased alive on 4-28, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Eugene H. Ferguson	Degree or title	23b. ADDRESS 933 Ross Bldg	23c. DATE SIGNED 4-28-54
---	-----------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-54	24c. NAME OF CEMETERY OR CREMATORY mt. Olivet	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 4-28-54	REGISTRAR'S SIGNATURE Gertrude Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS Kansas City, Mo.
--	--	--	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. H. Ferguson
433 Prof.

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.....
Signature of Student Embalmer

Signed *Arthur Eugene Nov...*

Licensed Embalmer No. 49

P. O. Address *K. C.*

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.