

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <i>Iron</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Iron</i>	
b. CITY (If outside corporate limits, write RURAL and name of township) <i>Rural</i>		c. CITY OR TOWN <i>Rural</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In the place) <i>6 Mos.</i>		e. STREET ADDRESS (If rural, give location) <i>Near Caledonia 0470</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Near Bellevue Mo.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Paul</i> b. (Middle) <i>Buckie</i> c. (Last) <i>Nickelson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 22 1954</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>March 21 1936</i>
9. AGE (In years last birthday) <i>18</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>7</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Christian Co. Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Richard Nickelson</i>	13b. MOTHER'S MAIDEN NAME <i>Alma Wesley</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Richard Nickelson Caledonia Mo</i>	
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>Fractured Skull</i> ANTECEDENT CAUSES DUE TO (b) <i>Internal Injury</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E8234 32</i>		INTERVAL BETWEEN ONSET AND 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) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, etc.) <i>Highway 21 RR Iron Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Iron Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Speeding Missed Curve</i>	
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 _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE <i>E. J. Samuell Curator</i> (Degree or title)		23b. ADDRESS <i>Stanton Mo.</i>	23c. DATE SIGNED <i>9-23-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-24-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Marion Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Peters Mo.</i>
DATE REC'D BY LOCAL REG. <i>Oct 8 - 1954</i>	REGISTRAR'S SIGNATURE <i>Mrs. Elizabeth Logan</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mrs. Luther Sparks Peters Mo.</i>	

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

20 1

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.....
Murphy Sparks

Licensed Embalmer No. *423*

P. O. Address *Lab Run*

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.