No. 300
10.46

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

O. M. Larsen MD

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30750

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4132

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (In this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4215 TRACY AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 4215 TRACY AVENUE 64 364

3. NAME OF DECEASED (Type or Print)
a. (First): NOAH
b. (Middle): DAVID
c. (Last): NIKLES

4. DATE OF DEATH (Month) (Day) (Year): August 23, 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept. 7, 1898
9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (City and State or Foreign Country): MARIAN, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: FRED NIKLES
13b. MOTHER'S MAIDEN NAME: IRENE ILGENFRITZ
14. NAME OF HUSBAND OR WIFE: FRIEDA NIKLES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-10-3476
17. INFORMANT'S SIGNATURE OR NAME: MRS FRIEDA NICKLES
ADDRESS: 4215 TRACY AVENUE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis — Fractured Boat & Injury Back, 9-9-1953 — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mild myocardial Inflammation — 2
DUE TO (c) Coronary Artery Occlusion — 3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Acute Myocardial Failure — 4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 9100 6
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐: side of house, fell on floor, and 9-9-1953 Fractured boat & injury back
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, street, etc.): Independence
21c. (CITY, TOWN, OR TOWNSHIP): Independence **(COUNTY)**: Jackson **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 9-1953 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Wall fell on him the fracturing Boat & injuring Back

22. *I hereby certify that I attended the deceased from* Aug 6, 1954 *to* Aug 23, 1954, *that I last saw the deceased alive on* Aug 23, 1954, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. M. Larsen
(Degree or title): M.D.
23b. ADDRESS: 624 Pee Bldg 1006 Grand Av KC Mo
23c. DATE SIGNED: Aug 24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-28-1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MEMORIAL PARK CEM.
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-28-54
REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: D.W. NEWCOMER'S SON'S
ADDRESS: K.C. MO. 1331 Brush Creek
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Jess F. Dewes

Licensed Embalmer No. 445

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.