

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12085**
1427

FILED APR 25 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1427</u>	
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) Kansas City			c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 3508 50 3426 Kenwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955			
3. NAME OF DECEASED (Type or Print) ROXIE		a. (First)		b. (Middle)		c. (Last) NICHOLS	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1886		9. AGE (In years, last birthday) 69	# UNDER 1 YEAR Months	# UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fayette, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John F. Snell			13b. MOTHER'S MAIDEN NAME Zenobia Simmons		14. NAME OF HUSBAND OR WIFE John M. Nichols		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 496-10-1426		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gleed Gaylord, 420 E. 44th, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Increased Intracranial Pressure Congenital Arteriosclerosis in Arteriovenous Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (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 Days Years 3507	
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) (Min.)		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 <u>3-12</u> , 1955, to <u>3-29</u> , 1955, that I last saw the deceased alive on <u>3-8</u> , 1955, and that death occurred at <u>5 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE V. B. Ballard (Degree or title) V. B. Ballard MD				23b. ADDRESS 411 Nichols Road		23c. DATE SIGNED 3/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3/30/55	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 3-30-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	

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

Dr. H. H. Ward & Partners

*209 High Times
Va 43370*

Ad. time 1:30

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 *J. T. Crowell* _____

Licensed Embalmer No. *4904* _____

P. O. Address: *X. C. 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.