

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1955

State File No. 12625

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>5737</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Johnson</u>		c. LENGTH OF STAY (in this place) <u>Momentary</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Plata</u>		<u>06/10</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi S. on Rt K.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Denver</u>			b. (Middle) <u>Ove</u>			c. (Last) <u>Nickell</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 16, 1893</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 22, 1955</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David A Nickell</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Susan Loughery</u>		14. NAME OF HUSBAND OR WIFE <u>Mettie L. Nickell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-38-3812</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mettie L. Nickell La Plata, Mo.</u>					
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 <u>Inst.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural But Undetermined</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. <u>No Autopsy</u>					
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 (a.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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred _____, 19____, from the causes and on the date stated above.									
23a. SIGNATURE <u>Lester J. Tuttle</u> (Degree or title) <u>3rd Coroner</u>				23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED <u>Apr 25, 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>April 28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs O. B. Griffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stennett M. Wilson La Plata, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5. 2. 55
MACON COUNTY HEALTH DEPARTMENT
County File No. 5. 55. 59
Date Filed 5. 4. 55

MAY 20 1955

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 Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.