

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16244

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3084		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) --a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN LOUISIANA		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL				e. STREET ADDRESS (If rural, give location) RIVER ROAD 0820			
3. NAME OF DECEASED (Type or Print) a. (First) LEMUEL b. (Middle) - c. (Last) NICKLESON			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Nov. 28, 1884	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Lego Nickleson			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or not down) No		16. SOCIAL SECURITY NO. 486-14-1702		17. INFORMANT'S SIGNATURE OR NAME Henry Nickleson, Whittier, Cal.			
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) Coronary Artery Occlusion 1 wk Pneumonia - 1 wk DUE TO (b) arteriosclerotic Cardiovascular Disease DUE TO (c) bronchopulmonary II. OTHER SIGNIFICANT CONDITIONS Decomposition, 5+ yrs					
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.)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-2, 1955, to 5-5, 1955, that I last saw the deceased alive on 5-5, 1955, and that death occurred at 2:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. H. Lewellen M.D.				23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 5/7/1955	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE May 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Riverwing Cem. Louisiana, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5/16/55		REGISTRAR'S SIGNATURE (Signed) 374-		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Geo. M. Collier, Louisiana, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1955

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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

*Geo. M. Collier*

Licensed Embalmer No.....

P. O. Address .....

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.