

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1956
State File No. 7929

FILED APR 4 - 1956

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Kirksville</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Bucklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O.H.</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>NELLIE</u>	b. (Middle)	c. (Last) <u>NICKERSON</u>	(Month) <u>Mar.</u>	(Day) <u>28</u>	(Year) <u>1956</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-6-1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Mason County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Hair</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Stevenson</u>	14. NAME OF HUSBAND OR WIFE <u>R.P. Nickerson (deceased)</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.L. Nickerson</u>	ADDRESS <u>Bucklin, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>	ANTECEDENT CAUSES	DUE TO (b) <u>Urinary suppression</u>	<u>12 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>arteriosclerotic heart disease with congestive heart failure</u>	<u>months</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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 27, 1956, to March 28, 1956, that I last saw the deceased alive on March 28, 1956, and that death occurred at 4:32 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.H. Lutenolter</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>3-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 30, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-28-56</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.L. Nickerson</u> ADDRESS <u>Bucklin, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 15 1958

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.

Signed.....

E. A. Larson

Signed.....

Student Embalmer

Licensed Embalmer No.

4037

P. O. Address.....

Bucklin 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.