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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1956

State File No. **16524**  
**2051**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Missouri</b>	c. LENGTH OF STAY (in this place) <b>1899</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		STREET ADDRESS (If rural, give location) <b>3513 Gillham Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>W</b> c. (Last) <b>Nichols</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 19, 1872</b>	9. AGE (In years last birthday) <b>84</b>	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) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pleasant Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Daniel F. Beegle</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Williams</b>	14. NAME OF HUSBAND OR WIFE <b>A. P. Nichols, Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A. P. Nichols Jr., 5340 Ward Parkway</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>8 weeks</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>advanced age</b>		<b>? yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>	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 **Feb**, 1956, to **May 11**, 1956, that I last saw the deceased alive on **May 11**, 1956, and that death occurred at **11:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Paul Wright</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Kansas City, Mo</b>	23c. DATE SIGNED <b>1324 Prof. Bldg.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>May 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>5-14-56</b>	REGISTRAR'S SIGNATURE <b>Neval Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO., KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul Wright  
Prof. Bldg. 13  
Vi. 2-1368  
will be in after 12:30 P.M.

**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 *L. S. [Signature]* .....  
Student Embalmer No. ....

Licensed Embalmer No. *048* .....  
P. O. Address *LC 9,* .....

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.