

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19276

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6109</u>		Registrar's No. <u>69</u>			
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Twp</u>		c. LENGTH OF RESIDENCE (In years) <u>520</u>		c. CITY OR TOWN <u>Union Twp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Union Twp 0940</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Nicoli</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 23, 1880</u>		9. AGE (In years last birthday) <u>76</u> 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) <u>retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk County, Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Nicoli</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Crince</u>			14. NAME OF HUSBAND OR WIFE <u>Vernie Nicoli</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Nicoli, Memphis, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of face</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>191X</u>					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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>Jan 10, 1956</u> , to <u>May 27, 1956</u> , that I last saw the deceased alive on <u>May 27, 1956</u> , and that death occurred at <u>7 A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A.M. Teetler D.O.</u>			23b. ADDRESS <u>Memphis, Mo.</u>			23c. DATE SIGNED <u>5-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 29, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5/31/56</u>		REGISTRAR'S SIGNATURE <u>Cora G. Purner</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gerth Basket Memphis Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

5.300
0.48

190

176

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... *Albert C. Guth*

Licensed Embalmer No. *42*

P. O. Address *Murphy*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.