FILED JUN 28 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21152

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 136

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 3 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
d. STREET ADDRESS (If rural, give location): 320 E 3rd. St.

0611

**3. NAME OF DECEASED** (Type or Print)
a. (First): Hattie
b. (Middle): Bell
c. (Last): Nichols

**4. DATE OF DEATH** (Month) (Day) (Year): June 2 1956

**5. SEX**: Female
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 10, 1882
**9. AGE** (In years last birthday): 74
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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): Frankfort, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Greene South
**13b. MOTHER'S MAIDEN NAME**: Emily South
**14. NAME OF HUSBAND OR WIFE**: Tom H. Nichols

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: no.
**17. INFORMANT'S SIGNATURE OR NAME**: Tom H. Nichols
**ADDRESS**: Macon Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis chronic — Interval between onset and death: 1 year

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 6 mo
DUE TO (c): Hemiplegia left side — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
questionable abdominal tumor — ?

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 443X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Sept 1948, to 2-June, 1956, that I last saw the deceased alive on 2 June, 1956 and that death occurred at 6:50 p.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): Donald E Eggleston MD
**23b. ADDRESS**: Macon Missouri
**23c. DATE SIGNED**: 19 June 56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 5, 1956
**24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cem.
**24d. LOCATION** (City, town, or county) (State): Macon, Mo.

**DATE REC'D BY LOCAL REG.**: 6/20/56
**REGISTRAR'S SIGNATURE**: Ruth McNeely
**25. FUNERAL DIRECTOR'S SIGNATURE**: Lester Hutton
**ADDRESS**: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-26-56
MACON COUNTY HEALTH DEPARTMENT
File No. 6-56-88
6-26-56

## 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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.