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

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21523

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland, Mo
c. LENGTH OF STAY (In this place): Life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ X No ☐
e. STREET ADDRESS (If rural, give location): None.

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3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): Olive
c. (Last): Nickels.

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: March 20, 1879
9. AGE (In years last birthday): 77 — 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: None.
11. BIRTHPLACE (City and State or Foreign Country): Richland, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Marion Lewis.
13b. MOTHER'S MAIDEN NAME: Mary Colley.
14. NAME OF HUSBAND OR WIFE: Lucien E. Nickels.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Alvin Brackett — ADDRESS: Richland, 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic congestive heart failure — 5 yrs
DUE TO (c)

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 ☐ 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* May, 1956 *to* July 6, 1956, *that I last saw the deceased alive on* July 6, 1956, *and that death occurred at* 7:55 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Robert (Degree or title) MD
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 7/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/56
24c. NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
24d. LOCATION (City, town, or county) (State): Richland, Missouri

DATE REC'D BY LOCAL REG.: 7-7-56
REGISTRAR'S SIGNATURE: Eulalia Anderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

58-0

RECEIVED 7-7-56
Pulaski County Health Officer
File Number 85
Date Filed 7-7-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ewell E. Craig

Licensed Embalmer No. 470

P. O. Address Crecker, K

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