

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27066

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3702

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY OR TOWN <u>LATOUR</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>PEARL</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>NICHOLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22 1956</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 24, 1976</u>	9. AGE (In years) (Month) (Day) <u>79 79</u>	IF UNDER 1 YEAR Days _____	IF UNDER 6 HRS. Hours _____	Min. _____
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 (City and State or Foreign Country) <u>Cass County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Absolem B. Aldredge</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Henshaw</u>		14. NAME OF HUSBAND OR WIFE <u>George Nichols</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Boston Latour, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized peritonitis</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>undetermined</u> DUE TO (c) _____		<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>570*</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY?, YES <input type="checkbox"/> NO <input checked="" 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>MOSS</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 8/20, 1956, to 8/22, 1956, that I last saw the deceased alive on 8/22, 1956, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Flatley</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>8/23/56</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shriner Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wardensburg, Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-23-56</u>	REGISTRAR'S SIGNATURE <u>neva mirshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emalley & Kopp</u> ADDRESS <u>Holden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John A. Flatley

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 *M. J. Canaday*.....

Licensed Embalmer No. *8439*.....

P. O. Address *Holden, N.*.....

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.