

FILED SEP 17 1956

STANDARD CERTIFICATE OF DEATH

29701

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 275

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| 1. PLACE OF DEATH a. COUNTY <i>Adair</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Nodaway</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kirkville, Mo.</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>Hopkins</i> Outside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Nursing Home</i> Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) <i>1407</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <i>James</i> Middle <i>Nicholas</i> Last <i>Nicholas</i> | | | 4. DATE OF DEATH Month <i>9</i> Day <i>12</i> Year <i>1956</i> | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Dec. 1878</i> | 9. AGE (In years last birthday) <i>78</i> | IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i> | | 11. BIRTHPLACE (City and state or country) <i>Missouri</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | | 13. FATHER'S NAME <i>John H. Nicholas</i> | | |
| 14. MOTHER'S MAIDEN NAME <i>Alice MANN</i> | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | | |
| 16. SOCIAL SECURITY NO. <i>332X</i> | | | 17. INFORMANT (Name and Address) <i>R.S.D. #1 Harold Nicholas, Kirkville, Mo</i> | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute overwhelming toxemia</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>Uremia</i> | <i>96 hours</i> |
| | DUE TO (c) <i>Cerebral Thrombosis</i> | <i>10 days</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>332X</i> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY: Hour <i>11:40</i> Month <i>9</i> Day <i>12</i> Year <i>1956</i> a. m. <i>p. m.</i> | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i> | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <i>Kirkville, Mo.</i> | COUNTY <i>Nodaway</i> STATE <i>Missouri</i> |

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| 21. I attended the deceased from <i>July 6, 1956</i> to <i>September 12, 1956</i> and last saw <i>him</i> alive on <i>Sept. 12, 1956</i> Death occurred at <i>11:40 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <i>George H. Scherer D.O.</i> | 22b. ADDRESS <i>Kirkville, Mo.</i> | 22c. DATE SIGNED <i>9-12-56</i> |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>9-14-1956</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Braddybell Cem.</i> | 23d. LOCATION (City, town or county) (State) <i>Braddybell Iowa</i> |
| 24. FUNERAL DIRECTOR <i>Harris & Davis, Kirkville, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>9-13-56</i> | 26. REGISTRAR'S SIGNATURE <i>Kate Lambert</i> | |

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

if

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 *Robert B. Davis*.....

Licensed Embalmer No. *42*

P. O. Address *Kirkville*

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