

FILED SEP 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30020  
 State File No. \_\_\_\_\_  
 Registrar's No. 245

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Syracuse</u>	d. Is Resident within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 year 5 months</u>		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hosp #1</u>		07101	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>H.</u> c. (Last) <u>Nichols</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 15 1888</u>
9. AGE (In years, last birthday) <u>68 yrs</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Lyle Nichols</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Powell</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Nichols</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>OK</u>	
16. SOCIAL SECURITY NO. <u>OK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hoop Reed</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cyelo hepatitis</u>			
DUE TO (c) <u>Gen. arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychoses with cerebral atrophy</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		600.0	
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) _____	
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>April 2, 1949</u> , to <u>Sept 16, 1956</u> , that I last saw the deceased alive on <u>Sept 15, 1956</u> , and that death occurred at <u>7:50 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. J. Greener M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp #1 Fulton</u>	
23c. DATE SIGNED <u>9/16/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____ DATE <u>Sept. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse, Mo.</u>	
24b. LOCATION (City, town, or county) (State) <u>Syracuse, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/22/56</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice Fournier</u>		ADDRESS <u>Home Fulton, Mo</u>	

SEP 25 1958

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 *J. J. Ross* .....

Licensed Embalmer No. *2565*

P. O. Address *Authorn*

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.