

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33781

FILED NOV 7 - 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4227 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Craig</u>	c. LENGTH OF STAY (in this place) <u>29 years</u>	c. CITY OR TOWN <u>Craig</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Craig, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>8440</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Emily</u>	b. (Middle) <u>Orlena</u>	c. (Last) <u>Nichols</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 31, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 13, 1888</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTHS <u>88</u>	11. DAYS <u>88</u>	12. HOURS <u>88</u>	13. MIN. <u>88</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford County, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hollowell</u>	14. NAME OF HUSBAND OR WIFE <u>Willie Nichols</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lola Smith - Craig, Mo.</u>	ADDRESS <u>Craig, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - <u>Arteriosclerosis</u> DUE TO (c) - <u>Myocardial failure</u>		
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 <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 1, 1956, to Oct 31, 1956, that I last saw the deceased alive on Oct 31, 1956, and that death occurred at 7 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.B. McPae</u>	23b. ADDRESS <u>Wood City, Mo.</u>	23c. DATE SIGNED <u>Nov 3, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-1956</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schaefer - Craig, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Wilber L. Scholes*.....

Licensed Embalmer No. *399*.....

P. O. Address *Craig, m*.....

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.