S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37530

FILED DEC 14 1956

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 160

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 604 A. Kennett St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Dunklin
c. CITY OR TOWN Kennett
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 604 A. Kennett St. 03520

3. NAME OF DECEASED (Type or Print)
a. (First) Hazel
b. (Middle) Leona
c. (Last) Nichols

4. DATE OF DEATH (Month) (Day) (Year) 10 - 25 - 1956

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH About unknown
9. AGE (In years last birthday) 40 — 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
11. BIRTHPLACE (City and State or Foreign Country) 9 UNKNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Brook
13b. MOTHER'S MAIDEN NAME Edna Dennis
14. NAME OF HUSBAND OR WIFE Burley Nichols

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 Burley Nichols - 604 Kennett St. ADDRESS MW.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 420.1

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* 10-25, 1956, *to* 10-25, 1956, *that I last saw the deceased alive on* 10-25, 1956, *and that death occurred at* 10:P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.
23b. ADDRESS Kennett, Missouri
23c. DATE SIGNED 11-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-27-56
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State) Kennett, Mo

DATE REC'D BY LOCAL REG. Dec 5 1956
REGISTRAR'S SIGNATURE Carl Husband
25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Serv. ADDRESS Kennett, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

90

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-10-56
COUNTY FILE NUMBER 1256-4

JAN 9 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin L Lawson

Licensed Embalmer No. 484

P. O. Address Senath

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