

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

77A FILE NUMBER 8009  
34

FILED JUN 11 1957

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 34

|   |                               |   |  |   |   |  |   |
|---|-------------------------------|---|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Morgan</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Versailles</u>  |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <u>Versailles</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>407 E. McInair</u>  |                               |   | Length of stay in lb <u>14 hrs</u>   |   | d. STREET ADDRESS <u>407 E. McInair</u>                                 |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Lloyd</u> Middle <u>Eugene</u> Last <u>Nichols</u>  |                               |   |  | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>5</u> Year <u>1957</u>   |   |  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>May 14, 1916</u>   |   | 9. AGE (In years last birthday) <u>41</u>  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Parts Manager</u>   |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><u>Morgan Co., Mo.</u>    |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13. FATHER'S NAME<br><u>Eugene D. Nichols</u>   |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Rudie Akin</u>   |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes</u> <u>W.W. 2</u>   |                               |   | 16. SOCIAL SECURITY NO.<br><u>521-16-1952</u>  |   | 17. INFORMANT<br>Address <u>Mrs Cynthia Nichols Versailles, Mo.</u>     |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). _____ |                               |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>9 days</u>                                    |   |
| 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<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               |   |  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   | STATE   |
| 21. I attended the deceased from <u>May 27 1957</u> to <u>June 5 1957</u> and last saw <sup>her</sup> him alive on <u>June 5 1957</u> .<br>Death occurred at <u>3 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Jack Gunn M.D.</u>   |                               |   |  | 22b. ADDRESS<br><u>Versailles, Mo.</u>  |   | 22c. DATE SIGNED<br><u>6-5-57</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 23b. DATE<br><u>7 June 57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Versailles Cemetery</u>                             |   | 23d. LOCATION (City, town, or county) (State)<br><u>Versailles, Mo.</u> |  |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS <u>W. F. Kimmel Versailles, Mo.</u>   |                               |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>6-6-57</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>J. L. Walker</u>                                     |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUN 14 1957

JUN 18 1957

**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..... *Raymond C. Foster*

Licensed Embalmer No. *461*

P. O. Address *Van Nuys*

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