

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005752

STATE FILE NUMBER

586

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) General Hospital #1		Length of stay in lb 4 yrs.	
3. NAME OF DECEASED (Type or print) First William Middle M. Last Nichols		4. DATE OF DEATH Month 2 - Day 2 - Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-5-89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Gift shop.	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) JACKSON CO. OHIO		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GOSSIE E. NICHOLS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT GOSSIE E. NICHOLS-4258 LAMSTONE KCMO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Urinary bladder tumor with extreme spread, malignant			INTERVAL BETWEEN ONSET AND DEATH 1910
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 _____ 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 12-7-57 to 2-2-58 and last saw ^{her} him alive on 2-2-1958 <input checked="" type="checkbox"/> Death occurred at 11:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) 7		22b. ADDRESS General Hospital No. 1	22c. DATE SIGNED 2-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-3-58	23c. NAME OF CEMETERY OR CREMATORY NOEL	23d. LOCATION (City, town, or county) (State) NOEL, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 2-4-58	26. REGISTRAR'S SIGNATURE neva minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. B U R I S

All diseases in Part I must be causally related.



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 *Chester K Brown*

Licensed Embalmer No. *492*
P. O. Address *K C Ho*

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.