

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015078  
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 241 Primary Registration District No. 1360 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PORTAGEVILLE</b>		c. CITY OR TOWN <b>PORTAGEVILLE</b> <u>0725</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>NICHOLAS</b> Last <b>NICHOLAS</b>		4. DATE OF DEATH <b>APRIL 2, 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 16, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>80</b>
11. BIRTHPLACE (City and state or country) <b>PORTAGEVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JAMES NICHOLAS</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE GODAIR</b>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT <b>ELLA LAFONT</b> Address <b>PORTAGEVILLE, MISSOURI</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>cerebral vascular accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>gen. arteriosclerosis</b> DUE TO (c) <b>331X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b> <b>15 April</b>	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>Aug 1955</b> to <b>2 April 58</b> and last saw him alive on <b>20 April 58</b>		Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
27. SIGNATURE <b>R. Smith M.D.</b>		28. ADDRESS <b>Portageville, Mo. - 80 April</b>	
29. DATE SIGNED		29. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>APRIL 4, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>PORTAGEVILLE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>PORTAGEVILLE, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-8-58</b>	
26. REGISTRAR'S SIGNATURE <b>Ellen M. Gile M.D.</b>		26. REGISTRAR'S SIGNATURE	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

721

190

APR 22 1958

DATE RECEIVED APR 15 1958  
NEW MADRID CO. HEALTH CENTER  
E. S.

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 .....

Licensed Embalmer No. 4481

P. O. Address Portageville, Mo.

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.