

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022473
State File No.

FILED JUN 18 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural (Bedford)</u>		c. CITY OR TOWN <u>Hawkpoint</u> <u>0570</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 da.</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BEVERLY</u>	b. (Middle) <u>GILBERT</u>	c. (Last) <u>NICHOLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1958</u>
-------------------------------------	---------------------------	----------------------------	--------------------------	--

5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>June 20, 1891</u>	9. AGE (In years last birthday) <u>66</u> 10. IF UNDER 1 YEAR Months <u>9</u> 11. IF UNDER 24 HRS. Days <u>17</u> Hours <u>1</u> Min.
----------------------	-------------------------------	--	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer Emp. Of A.P. Green Brick Yard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln Mill MO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Mill MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>T. Chat Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Gordon</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>491-05-6299</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Shelton Hawkpoint MO.</u>	ADDRESS
--	--	--	---------

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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Silico-tuberculosis, pulmonary</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> -YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from JUNE, 1957, to April 7, 1958, that I last saw the deceased alive on April 7, 1958, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul T. Berry M.D.</u>	(Degree or title)	23b. ADDRESS <u>Troy, Missouri</u>	23c. DATE SIGNED <u>6-2-58</u>
--	-------------------	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 8, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawkpoint Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hawkpoint MO.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>June 17, 1958</u>	REGISTRAR'S SIGNATURE <u>Charlotte Beck Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. W. M. Gray</u>	ADDRESS <u>Troy MO</u>
---	--	--	------------------------

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

0

50

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..... *D W Mc Coy*

Licensed Embalmer No. *3589*

P. O. Address *Tray Ma*

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.