

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028912

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bethany 0411 Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2203 E Central

3. NAME OF DECEASED (Type or print) First Middle Last MARY Elizabeth Nickerson			4. DATE OF DEATH Month Day Year 8-30-1958		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-27-1880	9. AGE (In years less birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. 9 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) HARRISON Co Mo	12. CITIZEN OF WHAT COUNTRY? U S H
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13. FATHER'S NAME John Glenn		13b. MOTHER'S MAIDEN NAME Missouri Ann PARMAN	14. NAME OF HUSBAND OR WIFE Raleigh Nickerson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NUMBER 488-40-8088	17. INFORMANT Chloe Farrago	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardio-Vascular Disease	15 years	
	DUE TO (c) Generalized Atherosclerosis	15 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ----- 443 X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 g.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 ---
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21. I attended the deceased from **3/19/52** to **8/30/58** and last saw her/him alive on **8/29/58**
Death occurred at **7:00 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hein Country D.O., 2	22b. ADDRESS Bethany, Missouri	22c. DATE SIGNED 9/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-1-1958	23c. NAME OF CEMETERY OR CREMATOR'S MIRIAM	23d. LOCATION (City, town, or county) (State) Bethany Mo
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24. FUNERAL DIRECTOR W. H. Hays Bethany Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-1-58	26. REGISTRAR'S SIGNATURE Jella Mayer
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *M. B. H. H. H.*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.