

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001082

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 13

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Walt Memorial Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2119 Oakland Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Bert</u> Middle <u>(NO NAME)</u> Last <u>Nickerson</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 12, 1883</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Home Superintendent (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harrison County Gov.</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George W. Nickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Evince Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Kittie Nickerson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-34-6312</u>		17. INFORMANT Address <u>Mrs Kittie Nickerson Bethany, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANTERIOR MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY ATHEROSCLEROSIS.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>32</u> years.
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 WORK <input type="checkbox"/> 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>FEB 1st 59</u> to <u>Feb 4, 59</u> and last saw <sup>her</sup> him alive on <u>Feb 4, 59</u> Death occurred at <u>12:35 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Albert T. Mihle M.D.</u> (Degree or title)			22b. ADDRESS <u>Bethany, Mo</u>		22c. DATE SIGNED <u>2-5-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany Missouri</u>
24. FUNERAL DIRECTOR <u>W. George Yule</u>		ADDRESS <u>Bethany, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>2-5-1959</u>	26. REGISTRAR'S SIGNATURE <u>Gella M. Moxey</u>

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

APR 3 1959

MAR 3 1959

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 *William George Noble* .....

Licensed Embalmer No. *4987* .....

P. O. Address *Bethany, Missa* .....

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.