

FILED JAN 30 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001669

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Prairie</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Independence</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>Jackson Co. Hosp.</u>		Length of stay in lb <u>10 days</u>		d. STREET ADDRESS (If outside, give location) <u>115 E. Waldo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Myrna LaRae Nickerson</u>				4. DATE OF DEATH Month Day Year <u>Jan. 17-1959</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 9-1935</u>		9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery Ward Ruppert, Idaho</u>		11. BIRTHPLACE (City and state or country) <u>Idaho</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charlie Nickerson</u>			13b. MOTHER'S MAIDEN NAME <u>Boretta Allen</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-34-8862</u>		17. INFORMANT <u>Charlie Nickerson</u>		Address <u>115 E. Waldo Independence, 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>PNEUMONIA</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>BACTERIAL INFECTION</u>	DUE TO (c) <u>DUPUS ERYTHEMATOSIS</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7054</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>1-7-59</u> to <u>1-17-59</u> and last saw her alive on <u>1-17-59</u> Death occurred at <u>10:15</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>David W. Langford</u> (Degree or title)				22b. ADDRESS <u>Jackson Co. Hospital</u>		22c. DATE SIGNED <u>1-19-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Jan-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		23d. LOCATION (City, town, or county) <u>Independence - Mo</u>		(State)		
24. FUNERAL DIRECTOR <u>Robert P. Speaks</u>		ADDRESS <u>Indep Mo</u>		25. DATE REC'D. BY LOCAL REG. <u>1-21-59</u>	26. REGISTRAR'S SIGNATURE <u>W. B. Langford</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. ~~3604~~ working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Poland R. Jean*
Licensed Embalmer No. *3604*
P. O. Address *Indep*

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.