

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012984

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 451

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1625 N. Sherman		Length of stay in 1b 3 years	d. STREET ADDRESS (If outside, give location) 1625 N. Sherman Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VERN Middle Last NICHOLSON			4. DATE OF DEATH Month May Day 4, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 21 April 1882	9. AGE (In years last birthday) 76 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) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Farm	11. BIRTHPLACE (City and state or country) Greene County, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jacob Nicholson		13b. MOTHER'S MAIDEN NAME Amanda Hipscher		14. NAME OF HUSBAND OR WIFE Cirvilla Nicholson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify, or indicate none) (If yes, give year or dates of service) W. W. I.		16. SOCIAL SECURITY NO.	17. INFORMANT Address Cirvilla Nicholson, Spfld, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Renal Vascular					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ 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 3-21-59 , to 5-4-59 and last saw ^{her} him alive on 5-1-59 Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) MD	22b. ADDRESS 1715 BOONVILLE SPRINGFIELD MISSOURI		22c. DATE SIGNED 5-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-6-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetary	23d. LOCATION (City, town, or county) Springfield		(State) Mo.
24. FUNERAL DIRECTOR Ralph Thieme		1200 BOONVILLE AVE. Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 5-6-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Harold Tuttle, Student Embalmer No. 571

working under my personal supervision.

Student Harold Tuttle
Signature of Student Embalmer

Signed Ralph H. Crim
Licensed Embalmer No. 3681

P. O. Address Springfield,

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.