

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022425

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 81

S. 300
v. 1-57

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

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOUISIANA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1311 GEORGIA ST		Length of stay in lb 28 1/2 yrs	d. STREET ADDRESS (If outside, give location) 1311 GEORGIA ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE ARTHUR NICKLES			4. DATE OF DEATH Month Day Year JUNE 10, 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 MAY 12, 1904		
9. AGE (In years) 55		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done) PHARMACIST-DRUG STORE PROPRIETOR-VANDALIA, ILL.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) U.S.A.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME ORLANDO NICKLES	13b. MOTHER'S MAIDEN NAME MARTHA ARDELL FRANK-MARGARET MAE NICKLES		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-36-6979		
17. INFORMANT Address MRS MAE NICKLES, LOUISIANA, 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) Coronary Artery Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic cardio-vascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ----- 4201		INTERVAL BETWEEN ONSET AND DEATH 5 minutes 1 yr	
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. Month, Day, Year p.m. -----		20d. INJURY OCCURRED WHILE AT WORK <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 6-9-59 to 6-10-59 and last saw him alive on 6-9-59 Death occurred at 3:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Chas H Lewellen (Degree or title) M.D.		22b. ADDRESS Louisiana, Missouri			
22c. DATE SIGNED 6-12-59		23. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.			
23a. BURIAL, CREMATION, REBURYAL BURIAL		23b. DATE JUNE 13, 1959			
23c. LOCATION (City, town, or county) (State) LOUISIANA, MO.		24. FUNERAL DIRECTOR BED. M. COLLIER, LOUISIANA, MO			
25. DATE RECD. BY LOCAL REG. JUNE 13, 1959		26. REGISTRAR'S SIGNATURE Bernice Collier			

STATEMENT BY LICENSED EMBALMER

MS
APR 8 1968

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 *Geo. M. Callier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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.