

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-037064

FILED VS OCT 21 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 132

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Length of stay in 1b <u>about 10</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>X</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henry</u> Last <u>Nickelson</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-30-1896</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>		11. BIRTHPLACE (City and state or country) <u>St. Francis Co, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Nickelson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophonria Mosby</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</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>X</u>	
17. INFORMANT <u>Mary Nickelson</u>		Address <u>Wynne, Ark.</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>Pneumothorax; Traumatic</u> 10hr. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushing Chest Injury - Multiple Rib Fr.</u> " DUE TO (c) <u>Tension Pneumothorax; Cerebral Concussion</u> 21	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Rt. Scapula; Rt. & Lt. Clavicle; Spine; Poss. Ribs.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto Accident - Thrown from Car</u>		
20c. TIME OF INJURY Hour <u>3:30</u> Month, Day, Year <u>10/9/59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	
20f. CITY, TOWN, OR LOCATION <u>Near Hayti Mo. (Pemiscot Co.)</u>		20g. COUNTY <u>Pemiscot Co.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>10/9/59</u> to <u>10/10/59</u> and last saw him alive on <u>10/10/59</u>		Death occurred at <u>5 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. H. Smith</u>		22b. ADDRESS <u>Hayti, Mo</u>		22c. DATE SIGNED <u>10/12/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-10-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Wynne Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Wynne, Ark.</u>		24. FUNERAL DIRECTOR <u>Fitzhugh Funeral Home, Wynne, Ark.</u>		25. DATE REC'D. BY LOCAL REG. <u>10-10-59</u>	
26. REGISTRAR'S SIGNATURE <u>LaTanda Adams</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 2 2 1900 SA
OCT 27 1959

6961 8 2 1900 SA
OCT 28 1959

OCT 26 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.