

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

160-011145

FILED VS APR 4 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 1690 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 4 Hours	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1309 South 36th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLIFFORD Middle WILLIAM Last NICOLL			4. DATE OF DEATH Month MARCH Day 20 Year 1960	
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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 10-28-95	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Briscoe, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME THOMAS SCOTT NICOLL	13b. MOTHER'S MAIDEN NAME RACHEL BURTON	14. NAME OF HUSBAND OR WIFE LENA B. NICOLL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 514-16-8687	17. INFORMANT Lena B. Nicoll, Wife, 1309 S. 36th K.C., Kns Address Official Records VA Hospital, K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial infarct, recent, massive		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary sclerosis, severe	
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis and cerebral arteriosclerosis with/		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE
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21. I attended the deceased from **March 20, 1960** to **March 20, 1960**
Death occurred at **5:25 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner		22b. ADDRESS 1034 Reath Bldg		22c. DATE SIGNED 3-22-60
23a. BURIAL (Emation, REMOVAL) (Specify) BURIAL	23b. DATE MARCH 22, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM	23d. LOCATION (City, town, or county) KANSAS CITY MO.	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.		25. DATE RECD. BY LOCAL REG. 3-22-60	26. REGISTRAR'S SIGNATURE Neve Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

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 Albert H. Savage

Licensed Embalmer No. #872
P. O. Address Kansas C.

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.