

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

042

1000

1177

-60-041135

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW!									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in lb 1 day		c. CITY OR TOWN SAVANNAH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI METHODIST			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 730 Chestnut Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last TAYLOR HARRISON NICHOLAS, Jr.				4. DATE OF DEATH Month Day Year November 9, 1960									
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 2-27-15		9. AGE (last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) mail clerk			10b. KIND OF BUSINESS OR INDUSTRY U S Postoffice		11. BIRTHPLACE (City and state or country) Savannah, Missouri			12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Taylor H. Nicholas, Sr.				13b. MOTHER'S MAIDEN NAME Florence Smith				14. NAME OF HUSBAND OR WIFE Era Nicholas					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes WW II				16. SOCIAL SECURITY NO. - - -		17. INFORMANT Address Mrs. Era Nicholas, Savannah, Mo.							
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) Corebral-vascular accident										10 hours			
DUE TO (b) Hypertension													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										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 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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
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 2-1-54 to 11-9-60 and last saw ^{that} him alive on 11-9-60 Death occurred at 5:13 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) W.C. Baker M.D.				22b. ADDRESS Savannah, Missouri				22c. DATE SIGNED 11-9-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-9-60		23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery				23d. LOCATION (City, town, or county) (State) Savannah, Missouri					
24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS SAVANNAH				25. DATE RECD. BY LOCAL REG. Nov. 14, 1960				26. REGISTRAR'S SIGNATURE Mr. Clark Goodell					

BY AFFIDAVIT OF W.C. Baker M.D.

NOV 23 1960

DEC 9 1950

DEC 14 1960

DEC 27 1960

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 P. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.