RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-043150
STATE FILE NUMBER

LED VS NOV 1 8 1960
DED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly — Length of stay in 1b: 65 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Whitaker Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Whitaker Hospital — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: FRANCIS Middle: MARION Last: NICHOLS
4. DATE OF DEATH: Month: NOVEMBER Day: 5 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-16-1868
9. AGE (last birthday): 92
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Wabash RR Co.
11. BIRTHPLACE (City and state or country): Randolph County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Richard Marion Nichols
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-05-9321
17. INFORMANT: Mrs. Wm. Fennel, Jr. Address: Moberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cardiac Degeneration
DUE TO (c): Arterioaclerosis and Advanced Age
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 2/10/58 to 11/5/60 and last saw her/him alive on 11/5/60
Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): E. T. Whitaker D.O.
22b. ADDRESS: 205 S.5th St., Moberly, Mo
22c. DATE: 11/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oakland
23d. LOCATION (City, town, or county): Moberly (State): Mo.
24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly
25. DATE RECD. BY LOCAL REG.: 11-7-60
26. REGISTRAR'S SIGNATURE: Neale Howe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS NOV 18 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_____ Signed John A. Green

Signature of Student Embalmer

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo

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