RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DR. 7 60-047144

FILED VS DEC 29 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 304 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly
Length of stay in 1b: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Centralia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 119 E. Sneed St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Grace Middle Lee Last Nichols
4. DATE OF DEATH: Month Dec. Day 22 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 28-1891
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months 4 Days 24 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Lowell, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew Shelby
13b. MOTHER'S MAIDEN NAME: Serena Kile
14. NAME OF HUSBAND OR WIFE: Floyd Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Floyd Nichols Address: Centralia, Mo.

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) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 2 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis. — ?
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. ☐ 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 Oct. 23, 1960, to Dec. 22, 1960 and last saw her/him alive on Dec. 22, 1960
Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Moberly, Mo.
22c. DATE SIGNED 12/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-24-1960
23c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
23d. LOCATION (City, town, or county) (State): Centralia, Mo.

24. FUNERAL DIRECTOR: Paul J. Ballew ADDRESS: Centralia, Mo.
25. DATE RECD. BY LOCAL REG.: 12-27-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS JAN 5 1961

JAN 13 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centralia,

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