

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007622

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 225 STATE FILE NUMBER

AMENDED

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Columbia</u>		Length of stay in lb <u>2 hrs</u>		c. CITY OR TOWN <u>Ashland</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Boone County Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Ashland Mo</u>	
3. NAME OF DECEASED (Type or print) <u>Iza</u>		First		Middle <u>MINNIE</u>		Last <u>Nichols</u>	
4. DATE OF DEATH <u>APR 2 1961</u>		Month		Day		Year	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>SEP 20 1870</u>	
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ashland, Mo</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				13a. FATHER'S NAME <u>Joseph A Crump</u>			
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wxom</u>				14. NAME OF HUSBAND OR WIFE <u>Mildred Nichols Columbia Mo</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>-</u>		17. INFORMANT Address <u>Mildred Nichols Columbia Mo</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>arteriosclerotic heart disease</u> DUE TO (b) <u>decompensation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>-</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>marked peripheral arteriosclerosis</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 (SUICIDE HOMICIDE) <input type="checkbox"/> <input type="checkbox"/> <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 <u>2 apr 61</u> to <u>2 apr 61</u> and last saw her alive on <u>2 apr 61</u> Death occurred at <u>8:30 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (If agree or title) <u>LeRoy Miller MD</u>				22b. ADDRESS <u>Quater Bldg Columbia</u>		22c. DATE SIGNED <u>3 apr 61</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 4 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>		23d. LOCATION (City, town, or county) (State) <u>Ashland Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>W M C. Burnett Ashland Mo</u>				25. DATE RECD. BY LOCAL REG. <u>April 3 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m L. Burnett

Licensed Embalmer No. 3564
P. O. Address Ashland Mo

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.