SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

2415-61-017682 STATE FILE NUMBER

AMENDED D MAY 29 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 13 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, K.C., MO — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Cass
c. CITY OR TOWN GARDEN CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS N/A (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EVERTT Last NICHOLSON
4. DATE OF DEATH Month MAY Day 16 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 4-13-98
9. AGE (last birthday) 63
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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) CLAYTON TOWNSHIP, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS NICHOLSON
13b. MOTHER'S MAIDEN NAME EFFIE KELLY
14. NAME OF HUSBAND OR WIFE N/A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.
17. INFORMANT William O. Nicholson Son Address Garden City, Mo. Official Records VA Hospital, K.C., 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) Aspiration pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis of abdomin and subtotal gastrectomy for carcinoma of stomach
DUE TO (c)
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 May 3, 1961, to May 16, 1961 and last saw the deceased on
Death occurred at 1:32 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. H. CHOY, M.D. (Degree or title)
22b. ADDRESS VA Hospital, K.C., Mo
22c. DATE SIGNED 5-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-16-61
23c. NAME OF CEMETERY OR CREMATORY Garden City
23d. LOCATION (City, town, or county) (State) Garden City, Missouri

24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 5-16-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

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.