

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH

FILED JAN 10 1967

-61-045342  
STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. 559v Registrar's No. 4

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jefferson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joachim</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Jefferson</b>	
Length of stay in 1b <b>DOA</b>		c. CITY OR TOWN <b>Fletcher</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jeff. Mem. Hosp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)			First Middle Last <b>Juanita Smith</b>			4. DATE OF DEATH Month Day Year <b>Dec. 30 1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-28-28</b>	9. AGE (last birthday) <b>33</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Fletcher, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Clyde William Nickelson</b>			13b. MOTHER'S MAIDEN NAME <b>May Lawrence</b>			14. NAME OF HUSBAND OR WIFE <b>Smith</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Lloyd Nickelson Richwoods, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Shot Gun wound to face &amp; neck</b>							—
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>close Range - inflicted by</b>					
20c. TIME OF INJURY Hour Month, Day, Year <b>4:15 p.m. 12/30/61</b>		Persons <b>unknown.</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Residence</b>		20f. CITY, TOWN, OR LOCATION <b>Big River Twp</b>		COUNTY <b>JEFF.</b>	STATE <b>MO.</b>
21. I attended the deceased from <b>Inquest.</b> to _____ and last saw her/him alive on _____ Death occurred at <b>5:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Juanita M. Crow</b>				22b. ADDRESS <b>Fletcher, Mo.</b>		22c. DATE SIGNED <b>1/4/67</b>	
22d. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		22b. DATE <b>1/2/67</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HORINE Cem</b>		23d. LOCATION (City, town, or county) <b>RICHWOODS Mo</b>		(State)
24. FUNERAL DIRECTOR <b>Mahn Funeral Home DeSoto, Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-4-67</b>	26. REGISTRAR'S SIGNATURE <b>Juanita M. Crow</b>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 10 1962

FEB 1 1962

MAR 6 1962

**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 *Serald J. Mahr*

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.