

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023440

Registration District No. 405843 Primary Registration District No. 4058 Registrar's No. 1612 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

10120
20120
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4 2
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12 90-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 17 1963

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harvick Length of stay in 1b 10 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Harvick, mo Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Butler
 c. CITY OR TOWN Harvick Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 121, BOX 46 Reside on Farm Yes No

3. NAME OF DECEASED First PAVE Middle Nicholson Last
 4. DATE OF DEATH Month 6 Day 5 Year 63

5. SEX M 6. COLOR OR RACE N 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-21-76 9. AGE (last birthday) 87 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 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Troy, Ala. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Nicholson 13b. MOTHER'S MAIDEN NAME Sally Hill 14. NAME OF HUSBAND OR WIFE Elizabeth Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Eloza Nicholson Address

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 Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Minutes
 DUE TO (b) Arteriosclerotic Heart Disease Unknown
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Advanced Age

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 21, 1963 to June 5, 1963 and last saw him alive on June 5, 1963
 Death occurred at 7:20 p.m. on, the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Smith, D.O. (Degree or title) 22b. ADDRESS Naylor, Mo. 22c. DATE SIGNED 6-8-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10 Jun .63 23c. NAME OF CEMETERY OR CREMATORY Coppersville Cem. 23d. LOCATION (City, town, or county) Harvick, Mo.

24. FUNERAL DIRECTOR L & P Peoples Inc. 1000 Poplar St. 44 ADDRESS 6-15-1963 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Thelma Graham

JUN 20 1963

JAN 28 1964

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 Willie R. Davis

Licensed Embalmer No. 0729

P. O. Address Charleston W.D.

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.