

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **63-022534**

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **322**

FILED JUL 11 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b Life	c. CITY OR TOWN Cape Girardeau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South East Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Vivian Middle Gale Last Nicholson			4. DATE OF DEATH Month 7 Day 4 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/2/63	9. AGE (last birthday) Months 2 Days 2 Hours 0 Min. 0	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Cape Girardeau	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sammie Nicholson		13b. MOTHER'S MAIDEN NAME Jean Ann Skelton		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Sammie Nicholson, Delta, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYALINE Membrane disease		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Prematurity		
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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour 7:20 a.m. PM 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 Cape Girardeau	COUNTY Cape Girardeau	STATE Missouri
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21. I attended the deceased from 29 July 1963 to 4 July 63 and last saw her alive on 4 July 63 Death occurred at 7:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (In free or title) James A. Kinder, M.D.		22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 6 July 63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/5/63	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.	
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24. FUNERAL DIRECTOR'S ADDRESS The Nunnelee Funeral Chapel Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 7-8-1963	26. REGISTRAR'S SIGNATURE James Kasten	
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DO NOT WRITE ON THIS STUB
 AMENDED
 DATE AMENDED
 10168
 20168
 3
 4 1
 5 0
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 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 USE BLACK INK OR TYPEWRITER RIBBON

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

Body not arterially embalmed
John D. Hummel Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston, 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.