

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048807

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 238 Primary Registration District No. 5023-4355 Registrar's No. 57 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 30 1963

VS 300
Rev. 4/59

1 0721
2 0721
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4 2
5 0
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7 0
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9 7954
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12 70-3
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEW MADRID</u>		Length of stay in 1b <u>LIFE</u>	c. CITY OR TOWN <u>NEW MADRID</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>400 Mo. ST.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JASON FITZGERALD NICHOLS</u>			4. DATE OF DEATH Month Day Year <u>DEC. 26 - 1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>O</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC-10-1963</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Artist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (last birthday) Months Days Hours Min. <u>16</u>
11. BIRTHPLACE (City and state or country) <u>NEW MADRID, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNK</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA NICHOLS</u>	
14. NAME OF HUSBAND OR WIFE <u>No.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>JULIA MATTHEWS, NEW MADRID, Mo.</u> Address <u>400 Mo. ST.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>No. Medical attendant</u> DUE TO (b) <u>Natural Cause of death.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Hedgespeth Coroner</u>		22b. ADDRESS <u>New Madrid, Mo.</u>	22c. DATE SIGNED <u>12/26/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>	23b. DATE <u>12/26/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL</u>	23d. LOCATION (City, town, or county) (State) <u>NEW MADRID, Mo.</u>
24. FUNERAL DIRECTOR <u>RICHARDS FUNERAL HOME</u>	ADDRESS <u>NEW MADRID, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/26/63</u>	26. REGISTRAR'S SIGNATURE <u>Jay Hedgespeth</u>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.