

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 14395  
1982

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3488	
c. LENGTH OF STAY (in this place) 72 yrs.		d. STREET ADDRESS (If rural, give location) 721 Valentine Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Memorial Medical Center			

3. NAME OF DECEASED (Type or Print) a. (First) Charles A. b. (Middle) c. (Last) Nichols			4. DATE OF DEATH (Month) (Day) (Year) 4 11 53		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 9-14-1869	9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BOWLING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MADISON, WISCONSIN 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT J. NICHOLS		13b. MOTHER'S MAIDEN NAME CHRISTINA SKINNER		14. NAME OF HUSBAND OR WIFE JANE E. NICHOLS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-16-0558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALICE N. EVERETT 721 VALENTINE RD.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis (n.m.o.)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-7, 1953, to 4-11, 1953, that I last saw the deceased alive on 4-11, 1953; and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE William Lowe Mundy (Degree or title) MD		23b. ADDRESS 420 Professional Bldg	23c. DATE SIGNED 4-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town or county) (State) KANSAS CITY Mo.
DATE REC'D BY LOCAL REG. 4-13-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY AND CHAPEL K.C., Mo.	

(Licensed Embalmer's Statement on Reverse Side)