5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1954

State File No. 8371

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 40

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Field	Entry
1. PLACE OF DEATH a. COUNTY	Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Bethany
c. LENGTH OF STAY (in this place)	5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	Bethany Hospital
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	Missouri
b. COUNTY	Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	Bethany 0411 0
d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)	EDWARD RICHARD NICKERSON
4. DATE OF DEATH (Month) (Day) (Year)	March 25, 1954
5. SEX	Male 0
6. COLOR OR RACE	White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married 1
8. DATE OF BIRTH	Aug. 10, 1887
9. AGE (In years last birthday) / If under 1 year: Months, Days / If under 24 hrs.: Hours, Min.	66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Farm Tenant
10b. KIND OF BUSINESS OR INDUSTRY	Farm
11. BIRTHPLACE (State or foreign country)	Garden City, Kansas 1
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13a. FATHER'S NAME	George W. Nickerson
13b. MOTHER'S MAIDEN NAME	Eunice C. Miller
14. NAME OF ~~HUSBAND OR~~ WIFE	Leora Pearl Nickerson (deceased)
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.	
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS	Bonnie Nickerson, Bethany, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

	Cause	Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Renal cell carcinoma of left kidney	1 yr.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	180X	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	metastasis to brain.	2 mo.

Field	Entry
19a. DATE OF OPERATION	8-20-54
19b. MAJOR FINDINGS OF OPERATION	Renal cell carcinoma
20. AUTOPSY? YES ☐ NO ☑	No
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) m.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?	

22. *I hereby certify that I attended the deceased from* 3-5, 1953, *to* 3-25, 1954, *that I last saw the deceased alive on* 3/25, 1954, *and that death occurred at* 9:25 P.m., *from the causes and on the date stated above.*

Field	Entry
23a. SIGNATURE (Degree or title)	Merriam Harker MD
23b. ADDRESS	Bethany Mo
23c. DATE SIGNED	3/27/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	Burial
24b. DATE	March 28, 1954
24c. NAME OF CEMETERY OR CREMATORY	Miriam Cemetery
24d. LOCATION (City, town, or county) (State)	Bethany, Mo.
DATE REC'D BY LOCAL REG.	3/27/54
REGISTRAR'S SIGNATURE	Zola Burris 118
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	Clark L. Foutch, Bethany, Mo

MAR 31 195[illegible]

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.

Signed Clark L. Foutch

Signed.......... Student Embalmer

Licensed Embalmer No. 4831

P. O. Address Bethany, 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 this body is not embalmed, fact should be so stated above.