

FILED APR 12 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7565

State File No. 108

Registrar's No. 108

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>4058</u>		State File No. <u>108</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>Butter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butter</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harviell, Mo</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harviell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Montie</u>			b. (Middle) <u>P.</u>		c. (Last) <u>Nixon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 14, 1882</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Harviell, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Nixon</u>			13b. MOTHER'S MAIDEN NAME <u>Erene Lunsford</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Pearce Nixon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Nixon Harviell, Mo</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease with Congestive Failure</u> 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. <u>Chronic Cholelithiasis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>2-5</u> , 19 <u>49</u> , to <u>2-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>49</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. W. M. Pheters, Jr. M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo</u>				23c. DATE SIGNED <u>3-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cochran Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/25/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		35. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

APR 11 REC'D

BUTLER COUNTY HEALTH CENTER

449-5-8

4-11-99

APR 14 1999

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.....

Chover w green

Signed.....

Student Embalmer

Licensed Embalmer No. 2964

P. O. Address.....

Douglas Bluff 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.