No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36423

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1263

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN St. Joseph (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 420 E. Colorado Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) L
c. (Last) Nigh

4. DATE OF DEATH (Month) (Day) (Year) Nov. 18, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 10, 1884
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crossing Flagman
10b. KIND OF BUSINESS OR INDUSTRY C. B. & Q. R. R.
11. BIRTHPLACE (State or foreign country) Alford, Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME John Nigh
13b. MOTHER'S MAIDEN NAME Fannie Burkett
14. NAME OF HUSBAND OR WIFE Alice F. Nigh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice F. Nigh, 420 E. Colo. Av. **ADDRESS**

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Failure — approx 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis General — 2
DUE TO (c) Arteriosclerotic Gangrene to both legs — approx 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 422 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Amputation of Gangrenous legs
20. AUTOPSY? YES ☐ 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* Sept 15, 1949, *to* Nov 18, 1949, *that I last saw the deceased alive on* Nov 18, 1949, *and that death occurred at* 5:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm. B. Rost M.D.
23b. ADDRESS 5110 Cowby Bldg
23c. DATE SIGNED 11-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 21, 1949
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
24d. LOCATION (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG. Nov. 21, 1949
REGISTRAR'S SIGNATURE E. L. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE Earl A. Clark **ADDRESS** 120 Illinois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4679

P. O. Address St Joseph, 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.