

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7852**

FILED MAR 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural...Neely Twp.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 2624 Missouri Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. of Neelyville, Mo.				d. STREET ADDRESS (If rural, give location) 2624 Missouri Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) PAULINE			b. (Middle) E. NIXON			c. (Last) WHITTINGTON	
4. DATE OF DEATH (Month) (Day) (Year) 3/12/50							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/13/1928	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 6 Days 29	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY General Office		11. BIRTHPLACE (State or foreign country) Harviell, Mo.		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME Ralph Nixon			13b. MOTHER'S MAIDEN NAME Osa Mills			14. NAME OF HUSBAND OR WIFE Lawrence Whittington.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Osa Nixon...St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) internal Injuries DUE TO (c) Head on Collision of Automobile and Truck on State Highway II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 0810 - 2:00
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway		21c. (CITY, TOWN, OR TOWNSHIP) Neely Township (COUNTY) Butler (STATE) MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/12-50 2P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head on Collision of Automobile and Truck			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2P m., from the causes and on the date stated above.							
23a. SIGNATURE Charles W. Heer (Degree or title)				23b. ADDRESS Poplar Bluff Mo		23c. DATE SIGNED 3/15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17.50		24c. NAME OF CEMETERY OR CREMATORY Cochran Cem.		24d. LOCATION (City, town, or county) (State) Butler Co., Mo.	
DATE REC'D BY LOCAL REG. March 15-1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK-COTRELL...Poplar Bluff, Mo.	

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

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BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-135

MAR 20 1950

JUN 29 1950

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 *George A. Keeby*

Licensed Embalmer No. *4952*

P. O. Address *Poplar 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.