No. 300
10-48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18495

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4271

1. PLACE OF DEATH
a. COUNTY: ~~ST. LOUIS, MISSOURI~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chester
d. STREET ADDRESS (If rural, give location): 1520 Swanwick

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CULLY
c. (Last): NIXON

4. DATE OF DEATH (Month) (Day) (Year): MAY II 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1867
9. AGE (In years last birthday): 82 — 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): Retired Ins. Salesman and Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chester, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William I. Nixon
13b. MOTHER'S MAIDEN NAME: Lucretia Stipe
14. NAME OF HUSBAND OR WIFE: Jessie C. Nixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Vivian R. Nixon 4905 Forest Park

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): Biliary Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Mellitus. — 5 yr
DUE TO (c): Pernicious Anemia — 11 yr

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

19a. DATE OF OPERATION: 5-3-50
19b. MAJOR FINDINGS OF OPERATION: Biliary Cirrhosis. No stones or gallbladder
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?: 5810

22. *I hereby certify that I attended the deceased from* APRIL 19, 1950 *to* MAY II, 1950, *that I last saw the deceased alive on* MAY II, 1950, *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Burstein MD
23b. ADDRESS: 6609 Clemens. A City 5 Mo.
23c. DATE SIGNED: 5-11-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-12-50
24c. NAME OF CEMETERY OR CREMATORY: New Palestine Cem.
24d. LOCATION (City, town, or county) (State): Chester, Illinois

DATE REC'D BY LOCAL REG.: MAY 12 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elmo R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address.....

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.