

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23426

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>West Plains, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>38 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Johnson Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>537 East Cleveland</b>	

3. NAME OF DECEASED (Type or Print) <b>EDWIN PRESTON NILES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1950</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 1, 1863</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR	IF UNDER 10 HRS.
					Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veterinarian</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Nathan Lewis Niles</b>	13b. MOTHER'S MAIDEN NAME <b>Laura A. Preston</b>	14. NAME OF HUSBAND OR WIFE <b>Phebe Niles</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ella Gillette, W. Plains, Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>10 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>32A</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-10, 1950, to 7-16, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Callihan M.D.</b> (Degree or title)	23b. ADDRESS <b>West Plains, Mo.</b>	23c. DATE SIGNED <b>7/21/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>July 17, '50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>West Plains, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-25-50</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>	379	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thombough</b>	ADDRESS <b>W. Plains, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 31 1950  
Dist. File 750-899  
Date Filed 7-31-50

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 Hal Thomburg

Licensed Embalmer No. 3A08

P. O. Address W. Plains, 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.