

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33757**

FILED OCT 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4232**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Barber</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kiowa Kansas</b>	
c. LENGTH OF STAY (In this place) <b>17 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>221 So. 6th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lakeside</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Perry</b> b. (Middle) <b>Bert</b> c. (Last) <b>Nigh</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-4-51</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY-14-1893</b>	9. AGE (In years last birthday) <b>58</b>	# UNDER 1 YEAR Months Days	# UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>R.R. agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R.R. agent</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Salme H. Nigh</b>		13b. MOTHER'S MAIDEN NAME <b>Rosetta Elder</b>		14. NAME OF HUSBAND OR WIFE <b>LINA Nigh</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>702-16-7374</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lina Nigh</b>		ADDRESS <b>Kiowa Kansas</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>				<b>10 yrs</b>	
		DUE TO (c) <b>Corony occlusion</b>				<b>24 hrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	

19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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) (Min.)		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 **10-3**, 1951, to **10-4**, 1951, that I last saw the deceased alive on **10-4**, 1951, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Wilson D</b> (Degree or title)		23b. ADDRESS <b>409 Worthington Bldg.</b>		23c. DATE SIGNED <b>10-4-51</b>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>OCT-4-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorado Rd</b>		24d. LOCATION (City, town, or county) (State) <b>Kiowa Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>10-4-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Helmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Neussomai Sons</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1951

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.....

*James T. Davis*

Licensed Embalmer No. *445-3*

Signed.....  
Student Embalmer

P. O. Address *75 Kansas City*

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.