

STANDARD CERTIFICATE OF DEATH

State File No. **5466**

FILED FEB 20 1952

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Baxter Springs 8150	
c. LENGTH OF STAY (in this place) 1 hour		d. STREET ADDRESS (If rural, give location) A and Willow Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED a. (First) William		b. (Middle) Fleming		c. (Last) Nigh		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 11, 1916		9. AGE (In years last birthday) Months Days Hours Min. 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Store		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Cherokee Co., Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jesse Nigh		13b. MOTHER'S MAIDEN NAME Alice ?		14. NAME OF HUSBAND OR WIFE Mrs. Violet Nigh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Violet Nigh Baxter Springs	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) External force		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Airway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Galena P.O. #2 Cherokee Kans	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 9 52 12 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Wreck	

22. I hereby certify that I attended the deceased from **never** **Nov 19**, to **Nov 19**, 19**52**, that I last saw the deceased alive on **Nov 19**, 19**52**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Ferguson M.D. Pathologist		23b. ADDRESS Joplin, Mo		23c. DATE SIGNED Feb 9, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-9-52		24c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	
		24d. LOCATION (City, town, or county) (State) Galena, Kan.			

DATE REC'D BY LOCAL REG. 2-11-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Galena, Kansas	
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(Licensed Embalmer's Statement on Reverse Side)

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

4330

RECEIVED 2-18-52
Jasper County Health Office

County File Number 52/2/134

Date Filed 2-18-52

MAR 22 1952

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.

Signed Edward E. Gibson

Signed _____
Student Embalmer

Kansas, Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.