

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19316**BIRTH NO. **27430** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4024** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>11 Gravel St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cassville Community Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>Sherell Leigh</b>		b. (Middle) <b>Nix</b>		c. (Last) <b>Nix</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>June 7, 1952</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <b>9 20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>		11. BIRTHPLACE (State or foreign country) <b>Cassville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James LeRoy Nix</b>		13b. MOTHER'S MAIDEN NAME <b>Lavona Bonnie Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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 ADDRESS <b>Mr. Earl Mitchell, Seligman, Mo.</b>	

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 <b>7 hrs.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>prematurity</b>					
		DUE TO (c)					
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 <b>7625</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 7, 1952**, to **June 7, 1952**, that I last saw the deceased alive on **June 7, 1952**, and that death occurred at **11:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mary Newman, O.M.D.</b>		23b. ADDRESS <b>Cassville, Mo.</b>		23c. DATE SIGNED <b>6-17-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 8, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seligman Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Seligman, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-23-1952</b>		REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.C. Koon, Cassville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 30 1952

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, 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.