

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23597**

FILED AUG 12 1952

BIRTH NO.		REG. DIST. NO. <b>27</b>	PRIMARY REG. DIST. NO. <b>5089</b>	Registrar's No. <b>83</b>
1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural - Pleasant Gap</b> )		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b> <b>2071</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD 5</b>		d. STREET ADDRESS (If rural, give location) <b>Nursrey St.</b> <b>0</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>	b. (Middle) <b>Harry</b>	c. (Last) <b>Niggley</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 6 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>March 2, 1901</b>		9. AGE (In years) (last birthday) <b>51</b> (If under 1 year) (Month) (Day) (Hour) (Min.) <b>5 4</b>
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mechanic</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bates Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Niggley</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Peters</b>
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY <b>496-01-4880</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Walter Niggley</b>		ADDRESS <b>Butler, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4701</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Dead on arrival - no doctor in attendance</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 <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>4:30 P.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>John G. Underwood</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Butler Mo.</b>		23c. DATE SIGNED <b>8-8-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Butler Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Underwood</b> ADDRESS <b>Butler Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Aug. 8-52</b>		REGISTRAR'S SIGNATURE <b>Rudolf Perry</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

246' 0 173

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 John G. Henderson  
Licensed Embalmer No. 3585

P. O. Address Butler 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.