

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19263

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 224

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>SUMMIT.</u> | |
| b. CITY OR TOWN <u>Independence Mo</u> | | c. CITY OR TOWN <u>Akron.</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>Twelve</u> | | e. STREET ADDRESS (If rural, give location) <u>135 Grandin Road.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1013 West Walden.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William Jennings</u> b. (Middle) <u>Nix</u> c. (Last) <u>Nix</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1954</u> | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>March 19 1880</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 60 MIN. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Butler Missouri.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> |
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| 13a. FATHER'S NAME <u>Martin Van Buren Nix</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Talbot</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel Nix.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>486-26-3950</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Neal E King - Independence Mo</u> | ADDRESS _____ |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Can cer of es ceau d in g Colon</u> ANTECEDENT CAUSES <u>C metastasized in the liver, mesentery</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Overeaten</u> DUE TO (c) _____ | | <u>6 mos.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>153X</u> |
| 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 May 1 - 1954, to June 9 - 1954 that I last saw the deceased alive on June 9 - 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Allen M. D.</u> | 23b. ADDRESS <u>Trust Hall Bldg Independence, Mo</u> | 23c. DATE SIGNED <u>6-10-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/10/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-11-54</u> | REGISTRAR'S SIGNATURE <u>Emmett J. Galt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Underwood</u> | ADDRESS <u>Butler Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 18 1954

JUN 17 1954

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 Signature of Student Embalmer

Signed *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Butler*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.