

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson Rural</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Herculaneum</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>Barkley St</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Walter</u>	b. (Middle) <u>Almureal</u>	c. (Last) <u>Nixon</u>	(Month) <u>Mar</u>	(Day) <u>3</u>	(Year) <u>1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 29, 1878</u>	9. AGE (In years last birthday) <u>76/11/4</u>	<input type="checkbox"/> UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leadworker (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hopewell, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alfred Nixon</u>	13b. MOTHER'S MAIDEN NAME <u>May Blackwell</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Byington</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-03-9626</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Nixon</u>	ADDRESS <u>Herculaneum, Mo.</u>
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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>Cerebral Hemorrhage</u>		<u>12 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Diabetes</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u>		<u>15 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>15 yr</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	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)	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 4, 1944, to 3/3, 1955, that I last saw the deceased alive on 3/3, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. [Signature]</u> (Degree or title)	23b. ADDRESS <u>Herculaneum Mo</u>	23c. DATE SIGNED <u>3/4/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Herculaneum, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 502	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Festa Mo.</u>
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WRITE PLAINLY--USING UNFADEING BLACK INK--MAKE A PERMANENT RECORD

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 8 1955

MAR 8 1955

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 *Keith B. Vinje*

Licensed Embalmer No. *4976*

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