S. No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1957

State File No. 2503

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 30

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1. PLACE OF DEATH
a. COUNTY St. Francis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give location) Rural St. Francois Farmington
c. LENGTH OF STAY (In this place) 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Potosi
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 806 N. Mine 1100

3. NAME OF DECEASED (Type or Print)
a. (First) Earnest b. (Middle) Care c. (Last) Nixon

4. DATE OF DEATH (Month) (Day) (Year) Jan. 17 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 7 1880
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 10 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alfred F. Nixon
13b. MOTHER'S MAIDEN NAME Mary C. Blackwell
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Ruby Norwegge Potosi Mo. ADDRESS

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, asthenia, 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)	Lobar pneumonia - - - - - - - - - - Abt.	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Inanition - - - - - - - - - - - - Abt.	15 days
DUE TO (c)	Psychosis - - - - - - - - - - - - -	One year.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Psychosis with cerebral arteriosclerosis.	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 19, 1956, *to* January 17, 1957, *that I last saw the deceased alive on* Jan. 17, 1957, *and that death occurred at* 7:15A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John A. Brennan MD
23b. ADDRESS State Hospital No.4, Farmington, Mo.
23c. DATE SIGNED 1-17-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-19-57
24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery
24d. LOCATION (City, town, or county) (State) Washington Co. Mo.

DATE REC'D BY LOCAL REG. Jan. 17, 1957
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks ADDRESS Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4234

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.