

FILED MAR 11 1957

## STANDARD CERTIFICATE OF DEATH

State File No. **5739**

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3057</b>		Registrar's No. <b>155</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Sedalia</b> )		c. LENGTH OF STAY (in this place) township) <b>35 yrs</b>		c. CITY OR TOWN <b>Sedalia</b> <sup>1804</sup>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1714 South Prospect</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>B.</b>	c. (Last) <b>Nightingale</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 7 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>		8. DATE OF BIRTH <b>March 31 1874</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Evansville Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Odim Nightingale</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth J. Short</b>		14. NAME OF HUSBAND OR WIFE <b>Meakie Ann Elizabeth</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Nightingale</b>		ADDRESS <b>Sedalia</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>nephrosclerosis</b>					
		DUE TO (c) <b>Doublet Arterio Sclerosis</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostate Cancer</b> <b>Congenital Heart Failure (non-familial)</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>442X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Aug 1953</b> to <b>March 7, 1957</b> , that I last saw the deceased alive on <b>March 7, 1957</b> and that death occurred at <b>11:00 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Thomas J. Hyatt M.D.</b>				23b. ADDRESS <b>Sedalia, Mo</b>		23c. DATE SIGNED <b>3/8/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-9-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>		
DATE REC'D BY LOCAL REG. <b>3-9-57</b>		REGISTRAR'S SIGNATURE <b>Louise Shelby</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b>		ADDRESS <b>Sedalia</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

541  
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2878

**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 *KPM Cary*.....  
Licensed Embalmer No. *315*

P. O. Address *S. d. d. d.*.....

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.