

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33934 7903

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		c. CITY OR TOWN Ballwin 4000	
Length of stay in hospital 11 hrs.		d. STREET ADDRESS 207 Ries Rd. (If outside, give location)	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First JOHN Middle T. Last NIXON, SR.		Month Aug. 21, 1957 Day Year	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-22-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter		10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Joseph L. Nixon		14. MOTHER'S MAIDEN NAME Thresa Baker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Irene Lohman, Address above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute infectious Enteric Colitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) <i>[Handwritten signature]</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>[Handwritten signature]</i>			INTERVAL BETWEEN ONSET AND DEATH 2 days 1 year
19a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 8:45 8/21-57, to 8:45 8/21/57 and last saw him alive on 8/21/57. Death occurred at P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M.D. <i>[Handwritten signature]</i>		22b. ADDRESS 19 E. Lockwood Ave. Webster Groves, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23b. DATE 8-24-1957		23d. LOCATION (City, town, or county) St. Louis, Mo. (State)	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. AUG 23 '57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.			

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.....
J. P. Burgess

Licensed Embalmer No. 40

P. O. Address Maple

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