THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004856
STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 171 Primary Registration District No. 3014 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hosp. — Length of stay in Ib 28 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs 6002 C — Inside Limits Yes X No ☐
d. STREET ADDRESS 618 Roosevelt St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CHESTER Middle A Last NIGH
4. DATE OF DEATH Month Feb. Day 12 Year 1959
5. SEX Male O
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 28, 1890
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Restaurant Owner
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (City and state or country) Edna, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Cephas Nigh
14. MOTHER'S MAIDEN NAME Unknown
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. Yes, Unk.
17. INFORMANT Address Heibe Nigh, 618 Roosevelt, Ex.Spr.,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH 3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute myocardial infarction — 1½ hrs.
DUE TO (c) Coronary arteriosclerosis — unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
arteriosclerosis obliterans 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-22-59, to 2-12-59 and last saw her/him alive on 2-12-59
Death occurred at 1:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Excelsior Springs, Mo.
22c. DATE SIGNED 2-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-14-59
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. ADDRESS Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 2-19-59
26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

SEP 9 1959

MS OCT 6 1959

RECE
FEB
CL
HEA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarma

Licensed Embalmer No. 4

P. O. Address Excelsior Spring

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.