

FEDERAL BUREAU OF INVESTIGATION U. S. DEPARTMENT OF JUSTICE

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020372

FILED JUL 7 1959

Registration District No. 31

Primary Registration District No. 5107

Registrar's No. 16

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>White Township, mo</u>		Length of stay in 1b <u>28 yr</u>		c. CITY OR TOWN <u>Sonia, mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sonia, mo</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>—</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Melville Little NIXON</u>				4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>59</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21, 1877</u>	9. AGE (last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	11. UNDER 24 HR Hours <u>—</u> Min. <u>—</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) <u>merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>merchandise & groceries</u>		11. BIRTHPLACE (City and state or country) <u>Benton County mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Andrew Nixon</u>			13b. MOTHER'S MAIDEN NAME <u>Betsy Yancey</u>			14. NAME OF HUSBAND OR WIFE <u>Venus Nixon</u>			
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>489-28-2870</u>		17. INFORMANT Name <u>Venus Nixon</u> Address <u>Sonia mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable Coronary Occlusion</u> DUE TO (b) <u>Investigated by Oliver White</u> DUE TO (c) <u>Deputy Coroner of Benton County</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Unattended by Physecian</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>E L Eickhoff Local Registrar</u>				22b. ADDRESS <u>Cole Camp Mo</u>			22c. DATE SIGNED <u>7/2/59</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 3 - 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		23d. LOCATION (City, town, or county) <u>Benton Co. mo</u>				
24. FUNERAL DIRECTOR <u>Fred Davis & Son</u>			ADDRESS <u>Lincoln</u>		25. DATE RECD. BY LOCAL REG. <u>July 2nd 1959</u>		26. REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 9 1959

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 George H. Barton
Licensed Embalmer No. 4021

P. O. Address Weston, 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.