

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9390

State File No.

FILED MAR 26 1949

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4382</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Nodaway</u>		b. CITY OR TOWN <u>Parnell</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Nodaway</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Parnell</u>		c. CITY (If outside corporate limits, write RURAL and give township)		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harley E. Nigh Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>GEORGE</u>	b. (Middle) <u>ELBERT</u>	c. (Last) <u>NIGH</u>	(Month) <u>3</u>	(Day) <u>10</u>	(Year) <u>49</u>	Male <u>0</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct. 30, 1886</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Parnell, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis A. Nigh</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Scowden</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mr. Harley E. Nigh, Parnell, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF I. (a) <u>operation for cancer</u>					
DUPLICATE OF I. (b) <u>1949</u>		DUPLICATE OF I. (c)					
19a. DATE OF OPERATION <u>do not know</u>		19b. MAJOR FINDINGS OF OPERATION <u>x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>x</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>x</u>			
22. I hereby certify that I attended the deceased from <u>March 7, 1949</u> , to <u>March 10, 1949</u> , that I last saw the deceased alive on <u>March 10, 1949</u> , and that death occurred at <u>4:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Elbert Crowson M.D.</u>				23b. ADDRESS <u>Parnell Mo.</u>		23c. DATE SIGNED <u>March 12, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/13/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gaynor</u>		24d. LOCATION (City, town, or county) (State) <u>Parnell, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-19-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clum M. Price</u>		ADDRESS <u>Maryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD—00

No. 300
10-48
34

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.

Signed Clay M. Price

Signed _____
Student Embalmer

Licensed Embalmer No. 1822

P. O. Address. Maryville 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 this body is not embalmed, fact should be so stated above.