

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

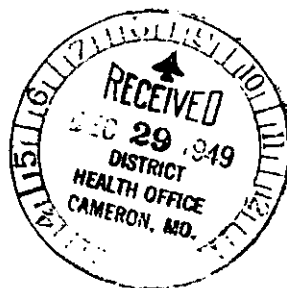
State File No. 43573

JAN 5 1950

BIRTH NO.		REG. DIST. NO. 374	PRIMARY REG. DIST. NO. 4530	Registrar's No. 44
1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>		
b. CITY OR TOWN <u>Sheridan Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheridan Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Le Roy High Home</u>		d. STREET ADDRESS (If rural, give location) <u>(none)</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Le Roy</u> b. (Middle) <u>(none)</u> c. (Last) <u>Nigh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>Nov 3 - 1877</u>		9. AGE (In years last birthday) <u>72</u> - <u>1</u> - <u>12</u> Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Gaynor Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Louis Nigh</u>		
13b. MOTHER'S MAIDEN NAME <u>Argaline Scowden</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Nigh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Nigh</u> ADDRESS <u>Grant City Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 years</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1949</u> to <u>Dec 15, 1949</u> , that I last saw the deceased alive on <u>15 Dec, 1949</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Frank B. Matteson, M.D.</u>		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>12/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 17 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 19 1949</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> 3-1-5		

(Licensed Embalmer's Signature on Reverse Side)

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



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.....

John Andrews
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

John Andrews

Licensed Embalmer No. *4211*

P. O. Address. *Grant City 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.