

No. 300
10.48

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 142

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-West White)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-West White	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) RFD # 2, Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 2, Windsor			

3. NAME OF DECEASED (Type or Print) a. (First) Joel b. (Middle) Edward c. (Last) Nixon			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 10, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Benton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Andrew Nixon	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Elissabella Nixon
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. E. Nixon, Windsor, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 min. 15 yr. 450!
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 June 10, 1946, to June 10, 1948, that I last saw the deceased alive on June 10, 1948, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. G. Blackmon M.D.	23b. ADDRESS Windsor, Mo.	23c. DATE SIGNED 1-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
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DATE REC'D BY LOCAL REG. Jan 31, 1950	REGISTRAR'S SIGNATURE E. L. Eichhoff 394	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner, Windsor, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-50-29

Date Filed 2-7-50

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, ~~of~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, Md

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.