.S. No. 300
EV. 10.48

FILED MAR 6 1950

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

State File No. 4245

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 9

0230

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kahoka
c. LENGTH OF STAY (In this place) ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kahoka 0230
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Lewis c. (Last) Nixon

4. DATE OF DEATH (Month) (Day) (Year) 2-14-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 8. DATE OF BIRTH March 10-1883 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 11 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Clark Co Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Nixon 13b. MOTHER'S MAIDEN NAME Ann Brewster 14. NAME OF HUSBAND OR WIFE Della Kepler

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. 17. INFORMANT'S SIGNATURE OR NAME Lloyd Nixon Kahoka ADDRESS Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris
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

4201

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 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) m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1949, *to* Jan, 1950, *that I last saw the deceased alive on* Feb 1, 1950, *and that death occurred at* 12 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Perry S. Borton, Coroner 23b. ADDRESS Kahoka, Mo 23c. DATE SIGNED 2-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-16-50 24c. NAME OF CEMETERY OR CREMATORY Chambersburg 24d. LOCATION (City, town, or county) (State) Clark Co Missouri

DATE REC'D BY LOCAL REG. 2/21/50 REGISTRAR'S SIGNATURE J. R. Bridges 61 25. FUNERAL DIRECTOR'S SIGNATURE Fred J Karle ADDRESS Kahoka Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 2
District Health Officer
District File Number
MAR 2

## 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 .....
Student Embalmer

Signed Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.