

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20725

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 60

611

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0611</u>	
c. LENGTH OF STAY (on this place) <u>Sudden</u>		d. STREET ADDRESS (If rural, give location) <u>1236 Maffery Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>On street at Vine + Rollins St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>W</u> c. (Last) <u>Nisbeth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 21, 1865</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR OF UNDER 2 HRS. OF UNDER 4 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>George W. Nisbeth</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Court</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Nisbeth</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 <u>Mrs. Della Cason</u> ADDRESS <u>Topeka, Kans</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			<u>Sudden.</u>	
		ANTECEDENT CAUSES				
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) <u>Endocarditis and Myocarditis</u>			<u>8 yrs</u>	
		DUE TO (c) <u>Hypertension + Atherosclerosis</u>			<u>8 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.			<u>447X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 5/27, 1944, to 5/25, 1951, that I last saw the deceased alive on Jan, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard Miller MD</u> (Degree or title)		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>5/26/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rochester</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kans.</u>	
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DATE REC'D BY LOCAL REG. <u>6/18/51</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>185</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allent Skerwiner</u> ADDRESS <u>Macon Mo</u>	
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JAN 12 1961

6.26.51  
RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 6.51.97  
Date Filed 6-28-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Thos. L. Bott

Signed.....  
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address 24 Macon, 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.