

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23453

State File No. 5579
Registrar's No. 1111

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5579	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived (a) institution; residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN General Jasper		c. LENGTH OF STAY (in this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION Jasper Co TB Hosp			d. STREET ADDRESS (If rural, give location) 1602 Ohio		
3. NAME OF DECEASED a. (First) Robert			b. (Middle) Latrobe	c. (Last) Nilcox	4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1951
5. SEX Male	6. COLOR OR RACE Whit.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 29 1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 34 Days 30
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (State or foreign country) Joplin Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Remy Nilcox		13b. MOTHER'S MAIDEN NAME Mary Miller	14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or only in) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Records		ADDRESS
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Sclerosis Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION			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)		2001X
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 7/30 1951, to 7/13 1951, that I last saw the deceased alive on 7/12 1951, and that death occurred at 3:25 m., from the causes and on the date stated above.					
22a. SIGNATURE E. Deignan M.D.			22b. ADDRESS Webb City Mo	22c. DATE SIGNED 7/13/51	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 14 1951	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK GEM.		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. July 14-51	REGISTRAR'S SIGNATURE H. Britchen		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS	ADDRESS WEBB CITY, MO	

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

490

RECEIVED 7-17-51
Jasper County Health Office

County File Number 53/7/574
Date Filed 7-17-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Thomas J. Lewis, Jr.

Licensed Embalmer No. 4561

P. O. Address Webb 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.