

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7349

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BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 93		
1. PLACE OF DEATH a. COUNTY <b>BOONE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. LENGTH OF STAY (in this place) <b>24 DAYS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LINN</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 2</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALLIE FISHAL ST. CANCER HOSP</b>				d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 2</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>			b. (Middle)		c. (Last) <b>NILGES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-3-1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-17-1884</b>		9. AGE (In years last birthday) <b>68</b>	10. MONTHS <b>1</b>	11. DAYS <b>17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LOOSE CREEK, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>WILLIAM NILGES</b>			13b. MOTHER'S MAIDEN NAME <b>MARY SCRAM</b>		14. NAME OF <del>WEDDING</del> -WIFE <b>MINNIE NILGES</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HOSPITAL RECORDS</b>				
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 <b>3 mo</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno-carcinoma of stomach with generalized metastases.</b>				ANTECEDENT CAUSES Morbidity 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 <b>3-26-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable cancer of stomach. 151X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>3-10</b> , 19 <b>52</b> , to <b>4-3</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>4-3</b> , 19 <b>52</b> , and that death occurred at <b>10:45 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Richard E. Johnson, M.D.</b>				23b. ADDRESS <b>Columbia, Mo</b>		23c. DATE SIGNED <b>4-4-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-4-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>		24d. LOCATION (City, town, or county) (State) <b>Richtown, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>April 4, 1952</b>		REGISTRAR'S SIGNATURE <b>Mr. R. E. Palmer</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Morton Funeral Home</b>			
					ADDRESS <b>Linn Mo</b>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.