

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

IV. 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>	
c. LENGTH OF STAY (In this place) <u>26 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0554</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Home for the Aged</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Evangeline</u> b. (Middle) <u>E.</u> c. (Last) <u>Nighswander</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 11, 1874</u>
9. AGE (In years last birthday) <u>77</u>		10. AGE (In years last birthday) <u>11</u> <u>25</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kirksville, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>David Nighswander</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Davis</u>	
14. NAME OF HUSBAND OR WIFE		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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Methodist Home for aged Marionville</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Not Diagnosed. Patient living on date with refused examination. Antecedent causes: Possibly cancer. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Blindness, both possibly due to</u> DUE TO (c) <u>Senile dementia a cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Spinal deformity or injury of long standing.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8:45 am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>X</u>		22. I hereby certify that I attended the deceased from <u>Sept. 8, 1952</u> , to <u>Oct. 5, 1952</u> , that I last saw the deceased alive on <u>Oct. 5, 1952</u> , and that death occurred at <u>8:45 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Stella P. Dodson, M.D.</u>		23b. ADDRESS <u>Methodist Home, Marionville, Mo.</u>	
23c. DATE SIGNED <u>Oct. 6, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. Ferridge</u> ADDRESS <u>Marionville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Orsa Mc Natt</u>	

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

FEB 18 1953

**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 Herman Turridge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.