

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34799

State File No. ....

5. No. 300  
10. 48

FILED NOV 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Sedalia</u>		0914	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Convalescent Home</u>				d. STREET ADDRESS (If rural, give location) <u>904 So. Quincy</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>Mills</u>		c. (Last) <u>NIXSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29 52</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 20-1875</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 12 HOURS Min. <u>9</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baggage man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac.</u>		11. BIRTHPLACE (State or foreign country) <u>Calaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Mills Nixon</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Wise</u>		14. NAME OF HUSBAND OR WIFE: <u>Ethel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>702-14-4122</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kenneth Leslie</u>		ADDRESS <u>Sedalia</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  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.				INTEGRAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</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 <u>10-10</u> , 19 <u>52</u> , to <u>Oct 29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>52</u> and that death occurred at <u>5:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Windsor Mo</u>				23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>10-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harris Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>near Fulton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-31-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1952

NOV 13 1952

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.