

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41530**

FILED DEC 23 1952

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **19**

0100

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

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cedar		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--		0109
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#1, Hartsburg, Missouri			d. STREET ADDRESS (If rural, give location) R.R.#1, Hartsburg, Missouri		
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) Andrew	c. (Last) Nighorn	4. DATE OF DEATH (Month) (Day) (Year) Dec 12 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov-21-1916	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) R.R.#1, Hartsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Lorenz Nieghorn		13b. MOTHER'S MAIDEN NAME Emma Leach	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #2	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.W. Wagner, Jefferson City, Mo			
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) Burnings			INTERVAL BETWEEN ONSET AND DEATH short		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Suicide Agreement (Coroner's Jury)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E979X					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home on farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Township Boone Mo			
21d. TIME OF INJURY 12 12 52 11Pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? not shown			
22. I hereby certify that I attended the deceased from 12/12 , 19 52 , to _____, 19____, that I last saw the deceased alive on 12/12 , 19 52 , and that death occurred at 11P m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Henry H. Jones JMD Coroner			23b. ADDRESS 909 University Ave Columbia Mo		23c. DATE SIGNED 12/16/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-16-1952	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. 12/16/52	REGISTRAR'S SIGNATURE Mrs. Mildred Burnett		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Worke J. Cadon Jefferson City, Mo		

(Licensed Embalmer's Statement on Reverse Side)

EXAM 3 0 1958

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Ray Gordon

Licensed Embalmer No. *1286*

P. O. Address *Jefferson 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.