

No. 300
10.48

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27984
Registrar's No. 432

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5184

1. PLACE OF DEATH a. COUNTY <u>Cape County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Cape Co Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>White water Twp 1344</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White water Twp 1344</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi West of Millersville</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi West of Millersville Mo</u>	
3. NAME OF DECEASED a. (First) <u>Cornealus Tilton</u> b. (Middle) _____ c. (Last) <u>NISWONGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1953</u>
5. SEX <u>M O W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 3, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>73</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 YEAR: Hours _____ Mins _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Millersville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C. B. Niswonger</u>		13b. MOTHER'S MAIDEN NAME <u>Emmaline Propst</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Niswonger</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Niswonger</u> ADDRESS <u>Millersville</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>		16. SOCIAL SECURITY NO. <u>none</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>Carcinoma of Rectum</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>154 X</u>	
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>July 1, 1953</u> , to <u>July 30, 1953</u> , that I last saw the deceased alive on <u>July 29, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Edw. Cristman</u> (Degree or title) _____		23b. ADDRESS <u>Seaboard Childs</u>	
23c. DATE SIGNED <u>8/14/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Niswonger Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Johnson</u> ADDRESS <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 14-53</u>		REGISTRAR'S SIGNATURE <u>W. G. Johnson</u>	

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

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2011 June 8 2:15 PM

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 *Ronald Steele*
Licensed Embalmer No. 2476

P. O. Address *Jackson, 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.