

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35459

State File No. _____

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4161 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jameson</u>		c. LENGTH OF STAY (In this place) <u>Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jameson</u>		0310 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>			d. STREET ADDRESS (If rural, give location) <u>---</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Dorsey</u> c. (Last) <u>Nighswonger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19 1953</u>		
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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>Feb. 18 1856</u>	9. AGE (In years last birthday) <u>97</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Reason Nighswonger</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Gregory</u>		14. NAME OF HUSBAND OR WIFE <u>Mary E. Nighswonger (Deceased)</u>	
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Zola Mills, Jameson, Missouri</u>		
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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 <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 14, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.W. Bailey 2</u> (Degree or title)		23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>9-20-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>21 Sept. 1953</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Englehart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. O. Rickerson Hope Funeral Home, Gallatin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 200
v. 10.48
310
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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

L. P. Lassau

Licensed Embalmer No. *3307*

P. O. Address *Baltimore Md*

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.