

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

8848

State File No.

BIRTH NO. <u>FILED MAR 18 1954</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>974</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>4044 Harrison</u>				e. STREET ADDRESS (If rural, give location) <u>4044 Harrison 3658</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Nixon</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-54</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-17-89</u>	
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dependable Motors Houstonia, Mo.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Houstonia, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John W. Nixon</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen P. Mammell</u>			
14. NAME OF HUSBAND OR WIFE <u>M. Sue Nixon</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>495-06-4224</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Jack W. Nixon</u> ADDRESS <u>4044 Harrison</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES <u>Congestive Cardiac Disease</u> <u>Cerebrovascular</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>				19. DATE OF OPERATION			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES ☐ NO ☒				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Jan 3, 1954</u> to <u>Mar 4, 1954</u> that I last saw the deceased alive on <u>Mar 3, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack B. Brans</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>330 1/2 N 13th St</u>			
23c. DATE SIGNED <u>Mar 4 54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>3-6-54</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Arrowrock Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>Arrowrock, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u> ADDRESS <u>K.C., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-4-54</u>				REGISTRAR'S SIGNATURE <u>Ernestine Smith</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Signature of Student Embalmer

Signed *Gray Buffington*

Licensed Embalmer No. *2725*

P. O. Address *N.C. 72*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.