No. 300
10.48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11388

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULTON
c. LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN FULTON TWP
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.F.D 6. FULTON Mo

3. NAME OF DECEASED (Type or Print)
a. (First) OTTO
b. (Middle) PHILIP
c. (Last) NIGGINS

4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1954

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH APRIL 16, 1909
9. AGE (In years last birthday) 45
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) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY Novelty
11. BIRTHPLACE (City and State or Foreign Country) Monteau County Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME MARSHALL NIGGINS
13b. MOTHER'S MAIDEN NAME ROSA Neather
14. NAME OF HUSBAND OR WIFE BERTHA NIGGINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-14-7173
17. INFORMANT'S SIGNATURE OR NAME MRS OTTO NIGGINS ADDRESS FULTON Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peptic Ulcer — 2 wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5400
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1954, *to* May 4, 1954, *that I last saw the deceased alive on* May 4, 1954, *and that death occurred at* 10:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE John Brown (Degree or title) MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED 5-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5/6/54
24c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gardens
24d. LOCATION (City, town, or county) FULTON (State) Mo

DATE REC'D BY LOCAL REG. May 8-1954
REGISTRAR'S SIGNATURE Marietta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home ADDRESS Fulton Mo

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. D. Rosson

Licensed Embalmer No. 25

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.