No. 300
10.48

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

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 19085

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2809

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3233 PROSPECT AVENUE HAZELWOOD NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 7000 EAST 40 HIGHWAY

3. NAME OF DECEASED (Type or Print)
a. (First): OTIS
b. (Middle): WASHINGTON
c. (Last): NIX

4. DATE OF DEATH (Month) (Day) (Year): JUNE 21, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 7 1884
9. AGE (In years last birthday): 69 — 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:
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE M. NIX
13b. MOTHER'S MAIDEN NAME: MARY M. HOLLENBECK ~~HALLOMAY~~
14. NAME OF HUSBAND OR WIFE: IDA

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.: 515-01-0405
17. INFORMANT'S SIGNATURE OR NAME: MRS. RUBY PEACOCK — ADDRESS: 7000 E. 40 HIGHWAY KANSAS CITY 29, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES

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

DUE TO (b) Myocardial infarction

DUE TO (c) Congestive Heart failure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Leptomeningitis

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 19th, 1954, *to* June 21, 1954, *that I last saw the deceased alive on* June 21, 1954, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Millard B. Young (Degree or title): MD
23b. ADDRESS: New 40 & Pittman Rd.
23c. DATE SIGNED: June 22, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JUNE 22, 1954
24c. NAME OF CEMETERY OR CREMATORY: LIBERAL
24d. LOCATION (City, town, or county) (State): LIBERAL, KANSAS

DATE REC'D BY LOCAL REG.: 6-22-54
REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Neuemeier Jr. — ADDRESS: 133 Bowsh Creek Kansas City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

Cord
Cancer

DEC 30 1951

hepatomegaly
megalia FL
2517

11:00-12, 2-6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clare V. Carr, Jr.

Licensed Embalmer No. 493

P. O. Address K.C. 10, M

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.