

STANDARD CERTIFICATE OF DEATH

State File No. **30317**
Registrar's No. **891**

FILED SEP 27 1954

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 2207 N. KELLETT	
d. FULL NAME OF HOSPITAL OR INSTITUTION: BURGE HOSPITAL		3. NAME OF DECEASED a. (First) NICK b. (Middle) ANTHONY c. (Last) NILLES	
4. DATE OF DEATH Sept 22 1954		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH 28 DEC. 1952		9. AGE (In years last birthday) 1 Months: _____ Days: _____ Hours: _____ Min.: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (City and State, or Foreign Country) MISSOURI (SPRINGFIELD)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME RAYMOND NILLES		13b. MOTHER'S MAIDEN NAME GERALDINE SCHROEDER	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS _____	
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) MUCOPURULENT BRONCHOPNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) FIBROCYSTIC DISEASE OF THE PANCREAS DUE TO (c) CARDIAC FAILURE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
INTERVAL BETWEEN ONSET AND DEATH 2 mos. SINCE BIRTH 7 mos		19a. DATE OF OPERATION NONE	
19b. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7562		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?	
22. I hereby certify that I attended the deceased from SEPT 15, 1954 , to SEPT 22, 1954 , that I last saw the deceased alive on SEPT 22, 1954 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Edgar L. Clayton M.D. (Degree or title)		23b. ADDRESS Prof. Bldg Springfield, Mo.	
23c. DATE SIGNED 9-24-54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 9-25-54		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 9-25-54		REGISTRAR'S SIGNATURE Edith Williamson	

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 *Ogle Stone Jr.*
Licensed Embalmer No. *417*
P. O. Address *Spring*

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.