

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32933

State File No. ....

FILED NOV 3 1955

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton</b>		c. CITY OR TOWN <b>Trenton</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neals Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>1411 Main St. Trenton, Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>May</b>		b. (Middle) <b>Nigh</b>	
c. (Last) <b>Nigh</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 25, 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan 26, 1876</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days Hours Mins. <b>79</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Leonada Power</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane Hall</b>	
14. NAME OF HUSBAND OR WIFE <b>Henry Nigh</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Everett Fry</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (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 <b>April 15, 1955</b> , to <b>Oct 25, 1955</b> , that I last saw the deceased alive on <b>Oct 24, 1955</b> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>H. Haulers M.D.</b>		23b. ADDRESS <b>Trenton, Mo.</b>	
23c. DATE SIGNED <b>10-27-1955</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Oct 27, 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Groff</b>	
24d. LOCATION (City, town, or county) (State) <b>N.W. Spickard Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gipson Funeral Home</b>	
25. ADDRESS <b>Trenton, Mo.</b>		DATE REC'D BY LOCAL REG. <b>10-27-55</b>	
REGISTRAR'S SIGNATURE <b>J. J. ...</b>		155	

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

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1000

**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 *Earl M Keamy*.....

Licensed Embalmer No. *357*.....

P. O. Address *Trenton*.....

**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.**