

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36274**

| | | | | | | | | | |
|--|--|--|--|--|--|---|-------------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 70 | | PRIMARY REG. DIST. NO. 4124 | | Registrar's No. 55 | | | |
| 1. PLACE OF DEATH a. COUNTY Clark | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clark | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka | | c. LENGTH OF STAY (in this place) 1 wk | | c. CITY OR TOWN Kahoka | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 30 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | | | e. STREET ADDRESS (If rural, give location) 0200 | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) Arthur | | | b. (Middle) J | | | |
| | | | c. (Last) NIXON | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1955 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH June 30-1898 | | | |
| | | | | | | 9. AGE (In years last birthday) 57 | | | |
| | | | | | | 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) Chambersburg Mo. | | | |
| | | | | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |
| 13a. FATHER'S NAME James Nixon | | | 13b. MOTHER'S MAIDEN NAME Nellie Bennett | | | 14. NAME OF HUSBAND OR WIFE Merle Nixon | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | 16. SOCIAL SECURITY NO. 498-40-2156 | | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Merle Nixon | | | |
| | | | | | | ADDRESS Kahoka | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | | | 6 months | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | | | |
| | | | | DUE TO (b) diabetes | | | | 2 years | |
| | | | | DUE TO (c) | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | 260X | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 22, 1955 to Nov 12, 1955 , that I last saw the deceased alive on Nov 10, 1955 and that death occurred at 10:45 P. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Glenn L. Gray M.D. | | | | 23b. ADDRESS Kahoka Mo. | | | 23c. DATE SIGNED 11-16-55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Nov. 14-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Chambersburg Cem. | | 24d. LOCATION (City, town, or county) (State) Clark Co. Mo. | | | |
| DATE REC'D BY LOCAL REG. 11/26-1955 | | REGISTRAR'S SIGNATURE A. R. ... | | | 25. FUNERAL DIRECTOR'S SIGNATURE W. L. ... | | | | |
| | | | | | ADDRESS Kahoka | | | | |

(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.....
Atis L. Sutter

Licensed Embalmer No.....
740

P. O. Address.....
.....

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.