

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20301**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5489** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY HARRISON	
b. CITY OR TOWN Rural Sugar Creek		c. CITY OR TOWN Gilman City	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home		e. STREET ADDRESS (If rural, give location) Rural Sugar Creek Rge. 0410	
3. NAME OF DECEASED a. (First) Calm b. (Middle) Grant c. (Last) Nighthart		4. DATE OF DEATH (Month) (Day) (Year) 6 24 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 3-3-1873
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and State or foreign country) Harrison County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Nighthart		13b. MOTHER'S MAIDEN NAME Elizabeth Smith	
14. NAME OF HUSBAND OR WIFE Alice Nighthart		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 491-42-2351		17. INFORMANT'S SIGNATURE OR NAME Maxine Nighthart ADDRESS Gilman Ct.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443A	
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)	
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 11-27 , 19 55 , to 6-24 , 19 56 , that I last saw the deceased alive on 6-24 , 19 56 , and that death occurred at 11 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William H. Thayer D.O.		23b. ADDRESS Bothany Mo	
23c. DATE SIGNED 6-26-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-26-56		24c. NAME OF CEMETERY OR CREMATORY Christian Union	
24d. LOCATION (City, town, or county) (State) Gilman City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE MS Haas ADDRESS Bothany Mo.	
DATE REC'D BY LOCAL REG. 6-27-56		REGISTRAR'S SIGNATURE Zola Burris	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

16

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..... *M. Haas*

Licensed Embalmer No. *3899*

P. O. Address... *Bethany,*

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.