

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20957

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 3031		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY JEFF.					
b. CITY (If outside corporate limits, write RURAL and give township) De Soto		c. LENGTH OF STAY (in this place) 20 YRS.		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 Boyd				e. STREET ADDRESS (If rural, give location) 306 Boyd					
3. NAME OF DECEASED (Type or Print) a. (First) CLARK		b. (Middle) —		c. (Last) NIXON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 9 1956			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 23 1884			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) NEW ORLEANS LA			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES O NIXON		13b. MOTHER'S MAIDEN NAME LOUISE JONAS		14. NAME OF HUSBAND OR WIFE FRANCES NIXON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W. #1 490-20-4226		17. INFORMANT'S SIGNATURE OR NAME JERRY NIXON		ADDRESS De Soto Mo			
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) Chronic Endocarditis 6 yrs + ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4214		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 2-10, 1950, to 6-9, 1956, that I last saw the deceased alive on 6-9, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Chas E. Jallut M.D.				23b. ADDRESS De Soto Mo		23c. DATE SIGNED 6-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 11 1956		24c. NAME OF CEMETERY OR CREMATORY HEBNITE CEMETERY		24d. LOCATION (City, town, or county) (State) Heamatite Mo.			
DATE REC'D BY LOCAL REG. 6-14-56		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Daniel B. Dietrich De Soto Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 16 1956

JUL 12 1956

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.....
Licensed Embalmer No...4109

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.