S. No. 300
v. 10.48

FILED OCT 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35257

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4151 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE
c. LENGTH OF STAY (in this place): 50 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CRAWFORD
c. CITY OR TOWN: STEELVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2280

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): GILBERT
c. (Last): NIXON

4. DATE OF DEATH (Month) (Day) (Year): OCT. 13-1957.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 12-26-1884
9. AGE (In years last birthday): 72 — 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): LEASBURG, MISSOURI.
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: WILLIAM F. NIXON
13b. MOTHER'S MAIDEN NAME: ELIZABETH AVERY
14. NAME OF HUSBAND/OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-18-2257
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: W. A. NIXON - STEELVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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. Diabetes & Nephritis for Several Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
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* Sept, 1946, *to* Oct, 1957, *that I last saw the deceased alive on* Oct. 11, 1957, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Robey
(Degree or title): D.O.
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 10/19/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-16-1957
24c. NAME OF CEMETERY OR CREMATORY: STEELVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): STEELVILLE, MO.

DATE REC'D BY LOCAL REG.: 10/22/57
REGISTRAR'S SIGNATURE: Mrs. Hazel Lechner
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thomas L. Holbert - STEELVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

505

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 433

P. O. Address Steubville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.