MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-028236
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 228

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Length of stay in 1b: 33 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 807 E. McPherson — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 807 E. McPherson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALEXANDER Middle Last NIMMO
4. DATE OF DEATH: Month August Day 12 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/18/1891
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 4 Days 24 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired attorney at law
10b. KIND OF BUSINESS OR INDUSTRY: law
11. BIRTHPLACE (City and state or country): Stonehouse, Scotland
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Alexander Nimmo
13b. MOTHER'S MAIDEN NAME: Mary Ann McMillan
14. NAME OF HUSBAND OR WIFE: Frances C. Furst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Frances C. NIMMO — Address: Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute dilatation of heart — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c): Senility — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 12, 1957, to Aug 5, 1961 and last saw him alive on Aug 5, 1961
Death occurred at 4:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Milton T. Eustice MD
22b. ADDRESS: Kirksville, Mo
22c. DATE SIGNED: 8.14.61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/16/1961
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.

24. FUNERAL DIRECTOR: Dee Riley Funeral Home, Inc. 415 North Franklin Kirksville, Missouri — ADDRESS: W. Jackson Pres
25. DATE RECD. BY LOCAL REG.: Aug 15, 1961
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

SEP 7 1961

MILTON T. ENGLISH M.D.

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirbmille

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.