

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29159

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>286</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Grim-Smith Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alexander</u>		b. (Middle) <u>Nimmo</u>		c. (Last) <u>Nimmo</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>September 21 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 30 1893</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner of Coal</u>		11. BIRTHPLACE (State or foreign country) <u>Glasgow, Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Nimmo</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Carnahan</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET HANNA NIMMO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Manning, Kirksville, Mo.</u>			
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) <u>MYOCARDIAL FAILURE</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARDIOVASCULAR RENAL DISEASE</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u> <u>472A</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 <u>9-6</u> , 1949, to <u>9-21</u> , 1949, that I last saw the deceased alive on <u>9-21</u> , 1949, and that death occurred at <u>10:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George E. Ginn</u>				23b. ADDRESS <u>Kirksville Missouri</u>		23c. DATE SIGNED <u>9-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis Funeral Home, Kirksville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1949 NOV 8

RECEIVED OCT 3 1949
District Health Officer No. 10
District File Number 10-49-16
Date Filed OCT 3 1949

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, _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Clarence M. Billo

Licensed Embalmer No.

4375

P. O. Address

Kirksville, Md.

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 this body is not embalmed, fact should be so stated above.