

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12077**

BIRTH NO. _____		REG. DIST. NO. 138		PRIMARY REG. DIST. NO. 2000		Registrar's No. 396			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Christian					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN SPRINGFIELD)		c. LENGTH OF STAY (in this place) 3 HRS		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Nixa		22 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist				d. STREET ADDRESS (If rural, give location) SOUTH-WEST 2 1/2 MILES 1					
3. NAME OF DECEASED (Type or Print) a. (First) Milford Lee			b. (Middle) Lee			c. (Last) Nokes			
4. DATE OF DEATH (Month) (Day) (Year) May 2 1949		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH Nov 21, 1920		9. AGE (In years last birthday) 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Nixa, Mo			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Newton J. Nokes		13b. MOTHER'S MAIDEN NAME Ottie Statesman		14. NAME OF HUSBAND OR WIFE Pauline Nokes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW2		16. SOCIAL SECURITY NO. 500-12-8335		17. INFORMANT'S SIGNATURE OR NAME Eula Keltner		ADDRESS Nixa, Mo.			
19. 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				INTERVAL BETWEEN ONSET AND DEATH 4 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with				ANTECEDENT CAUSES					
DUE TO (b) marked intracranial				DUE TO (c) hemorrhage				29101	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				13	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SCHOOL HOME		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Nixa Christian County Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 2 1949 11A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tree fell on him					
22. I hereby certify that I attended the deceased from May 2, 1949 , to May 2, 1949 , that I last saw the deceased alive on May 3, 1949 , and that death occurred at 2:50 PM. , from the causes and on the date stated above.									
23a. SIGNATURE Daniel L Yancy MD (Degree or title)				23b. ADDRESS Springfield Mo		23c. DATE SIGNED May 2 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-6-1949		24c. NAME OF CEMETERY OR CREMATORY M^cCAULEY		24d. LOCATION (City, town, or county) (State) OSARK Missouri			
DATE REC'D BY LOCAL REG. 5-4-49		REGISTRAR'S SIGNATURE Dr. J. H. Haulcy MD		25. FUNERAL DIRECTOR'S SIGNATURE JOHN DEAN HARRIS		ADDRESS CLEVER, MO.			

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

39
2
60

VS OCT 6 1959

MAY 14 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, or by.....

Student Embalmer No.

working under my personal supervision.

Signed.....

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

Signed.....
Student Embalmer

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.