

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9125

State File No.

BIRTH NO. FILED APP 14 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 2001 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sapulpa</u> 8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Connor Hotel</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Nott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-2-1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 19, 1894</u>		9. AGE (In years last birthday) <u>59</u>		10 UNDER 1 YEAR: Months _____ Days _____ 11 UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>California Mo-0</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>George Washington Nott</u>		13b. MOTHER'S MAIDEN NAME <u>Nester Ann Sansbury</u>		14. NAME OF HUSBAND OR WIFE <u>Rex Nott</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>Yes WWI # One</u>		16. SOCIAL SECURITY NO. <u>442-05-3317</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rex Nott</u>	
				ADDRESS <u>Sapulpa, Okla</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). (1) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. (b) ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ (2) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 4-2-54, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. H. Hamilton MD.</u>		23b. ADDRESS <u>617 Frisco Bldg. Joplin, Missouri</u>		23c. DATE SIGNED <u>4-3-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) <u>Sapulpa Oklahoma</u>	

DATE REC'D BY LOCAL REG. <u>4-5-54</u>		REGISTRAR'S SIGNATURE <u>E. S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dilloy</u> ADDRESS <u>Joplin, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 7 1954

APR 14 1954

RECEIVED APR 13
Jasper County Health
County File Number 54
Date Filed APR 13

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 _____

working under my personal supervision.

Student Embalmer No.

Signed David Bellon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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