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

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21746

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: SCOTLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEMPHIS
c. LENGTH OF STAY IN (this place): 70 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: SAME
b. COUNTY:
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0940 0

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): M.
c. (Last): NUCKOLS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 6-28-1863
9. AGE (In years last birthday): 90 — 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): HOUSE KEEPING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MEMPHIS Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: EDWARD E. NUCKOLS
13b. MOTHER'S MAIDEN NAME: MARY E. GALE
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Ira Eagan
ADDRESS: MEMPHIS

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4221
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* Jan 10, 1940, *to* June 26, 1954 *that I last saw the deceased alive on* June 26, 1954, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. M. McKeethler D.O.
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-28-1954
24c. NAME OF CEMETERY OR CREMATORY: MEMPHIS
24d. LOCATION (City, town, or county) (State): MEMPHIS Mo

DATE REC'D BY LOCAL REG.: 7/1/54
REGISTRAR'S SIGNATURE: Vera G. Turner 476-C
25. FUNERAL DIRECTOR'S SIGNATURE: H. N. Payne & Sons
ADDRESS: MEMPHIS

(Licensed Embalmer's Statement on Reverse Side)

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 Neal Payne

Licensed Embalmer No 255

P. O. Address Memphis

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.