

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22732
Registrar's No. 752

FILED AUG 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield,</u> <u>0396</u>	
c. LENGTH OF STAY (In this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>318 1/2 Boonville</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 1/2 Boonville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Fllsworth</u> c. (Last) <u>Nuckolls</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 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>April 15, 1887</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 18: YEAR Days Hours Mins. <u>3 20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hill, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Manford Nuckolls</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme J. Nuckolls</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucille Green Burton, Kans</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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from April 1, 1954, to Aug. 5, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Wendell Stewart M.D.</u> (Degree or title)		23b. ADDRESS <u>219 Professional Bldg. Springfield 4, Mo.</u>		23c. DATE SIGNED <u>Aug 6, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bartlesville, Conn.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bartlesville, Oklahoma</u>	

DATE REC'D BY LOCAL REG. <u>8/6/54</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home, Inc.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Lewis G. Schaff*

Licensed Embalmer No. *3807*

P. O. Address *Springfield, 2*

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.