

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7507

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 1666	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give town or township) Cape Girardeau			c. LENGTH OF STAY (in this place) 6 Days	c. CITY (If outside corporate limits, write RURAL and give township) R #2 Sikeston			1000
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital				d. STREET ADDRESS (If rural, give location) R #2 Sikeston			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lavanda c. (Last) Nuckles			4. DATE OF DEATH (Month) (Day) (Year) March 30, 1955				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Nov. 6, 1909		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Scott County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luther Lavanda Nuckles			13b. MOTHER'S MAIDEN NAME Martha Elizabeth Strayhorn		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. L.L. Nuckles, R #2 Sikeston, Mo. ADDRESS				
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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cortic Arteriosclerosis (Thromic)</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Minute)		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 <i>May 1954</i> , to <i>Mar 30, 1955</i> , that I last saw the deceased alive on <i>Mar 20, 1955</i> , and that death occurred at <i>3:50 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>H. O. L. Seabough, M.D.</i>				23b. ADDRESS <i>Cape Girardeau, Mo.</i>		23c. DATE SIGNED <i>4-3-55</i>	
24a. BURIAL, CREMATION, REMOVAL, DUFFEL		24b. DATE <i>4/2/55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Morley Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Morley, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>4-4-55</i>		REGISTRAR'S SIGNATURE <i>C. C. Summers</i> <i>44-9</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i>		ADDRESS <i>The Munnelee Funeral Chapel, Charleston, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 John F. Funnell Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, S.C.

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.