

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35616**

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30722 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY OR TOWN <u>Marshall,</u> d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 East Eastwood</u>		e. STREET ADDRESS (If rural, give location) <u>7 East Eastwood</u> 097	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Nuckles D.O.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31-1955</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>Nov. 5-1882</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor-D.O.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling Green, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Osteopathic</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Nuckles</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Eugenie Robinson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Alice M. Simmons</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George T. Nuckles-Marshall, Mo.</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>L. Cerebral Embolism</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> <u>10 days</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Oct 22</u> , 1955, to <u>Oct 31</u> , 1955, that I last saw the deceased alive on <u>Oct 31</u> , 1955, and that death occurred at <u>8:52</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard N. Nuckles D.O.</u>		23b. ADDRESS <u>Marshall Mo</u>	
23c. DATE SIGNED <u>Nov 1, 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bridge Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>11-1-55</u>	
REGISTRAR'S SIGNATURE <u>Cecil J. Reed - Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Louis Harvey - Marshall, Mo.</u>	

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

JAN 26 1958

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

Signature of Student Embalmer

Signed *Riley Taylor*

Licensed Embalmer No. *3237*

P. O. Address *Marshall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.