

FILED SEP 11 1956 STANDARD CERTIFICATE OF DEATH

29639

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 179

1. PLACE OF DEATH  
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) Center Township Rural c. LENGTH OF STAY (in this place) 1 yr.

c. CITY OR TOWN Nevada 1980 In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway 54

e. STREET ADDRESS (If rural, give location) 1239 North Adams St.

3. NAME OF DECEASED  
a. (First) Robert b. (Middle) Lee c. (Last) Nuff, Jr.

4. DATE OF DEATH (Month) (Day) (Year) 9-5-56

5. SEX M 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH 2-23-1935

9. AGE (In years last birthday) 21 6 13 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) oil station attendant

10b. KIND OF BUSINESS OR INDUSTRY oil station

11. BIRTHPLACE (City and State or Foreign Country) Las Vegas Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Lee Nuff

13b. MOTHER'S MAIDEN NAME Lucile Gardner

14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or date of service) no none

16. SOCIAL SECURITY NO. 497-36-3739

17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Herbert Nevada, MO

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Apparent Broken neck

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
DUE TO (b) Crushed chest  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. severe cut over left eye, various bruises on body

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 3. car automobile accident collision, thrown from car

Autopsy? YES  NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Fracture of vertebrae onto on coming lane of traffic & struck by oncoming car causing death

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 54

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5 mi west Nevada mo. on Highway 54

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-5-1956 P. M.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 3 car collision

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter D. Sherman Coroner

23b. ADDRESS Nevada Missouri

23c. DATE SIGNED 9-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 9-6-56

24c. NAME OF CEMETERY OR CREMATORY Local cemetery

24d. LOCATION (City, town, or county) (State) Rockville, Mo.

DATE REC'D BY LOCAL REG. 9-7-1956

REGISTRAR'S SIGNATURE Anna E. Ferry

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen V. Hays Nevada, Mo.

10.300  
 10.48  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 we are applying broken the brain of the driver of the truck by on coming car causing death of traffic & was struck by oncoming car causing death  
 451

8961 2 100

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 *H.A. Marmaduke* .....

Licensed Embalmer No. *2070*

P. O. Address *Wada, Me*

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.