

No. 300  
10. 48

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30069

0220

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

BIRTH NO.		REG. DIST. NO. 69	PRIMARY REG. DIST. NO. 5273	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Porter		c. LENGTH OF STAY (If applicable place) 36 years	c. CITY OR TOWN "Rural" Porter	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence, Rt. 1, Nixa		e. STREET ADDRESS (If rural, give location) Route #1, Nixa		
3. NAME OF DECEASED (Type or Print) SARAH ELIZABETH NOKES		a. (First)	b. (Middle)	c. (Last)
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 20-1875		9. AGE (In years last birthday) 78		10. MONTHS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) Pulaska County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William C. Walton		
13b. MOTHER'S MAIDEN NAME Elizabeth Spoon		14. NAME OF HUSBAND OR WIFE James W. Nokes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W. Nokes, Rt. 1, Nixa, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute circulatory failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary thrombosis one day DUE TO (c) arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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.) Nixa		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Christian, Mo.
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 1-10-1954 to 9-6-54, that I last saw the deceased alive on 8-30-1954, and that death occurred at 6:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Harold Shaffer DO		23b. ADDRESS Nixa, Mo.		23c. DATE SIGNED 9-15-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8-'54		24c. NAME OF CEMETERY OR CREMATORY McCauley Cemetery
24d. LOCATION (City, town, or county) Christian Co., Mo.		24e. (State)		
DATE REC'D BY LOCAL REG. Dept. 8-54		REGISTRAR'S SIGNATURE Olive Hutter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jean Harris, Clever, Mo.

(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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address.....  
*Cleveland, Ohio*

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.