

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30301

State File No. ....

Registrar's No. 212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5-886

1. PLACE OF DEATH a. COUNTY <u>OSARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>OSARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson Township</u>		c. CITY OR TOWN <u>Noble</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>240</u>
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Jackson Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Ida</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>Nugle</u>	<u>9-16-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-6-1875</u>		
9. AGE (In years last birthday) <u>80</u>			IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 14 HRS. Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OSARK County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Jim Harley</u>		13b. MOTHER'S MAIDEN NAME <u>Eveline Loftis</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Nugle</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FERN STONE</u>		ADDRESS <u>Noble Mo.</u>	
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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			INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Mouth &amp; Metastasis</u>			
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>144X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cancer &amp; Metastasis. Felt's Fuchel Hosp Columbia, Mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Mar 13, 1955, to Sept 16, 1955, that I last saw the deceased alive on Sept 14, 1955 and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M J Haerman D.D.</u>		23b. ADDRESS <u>Gainesville, Mo.</u>		23c. DATE SIGNED <u>9-19-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loftis</u>		24d. LOCATION (City, town, or county) (State) <u>OSARK County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9/24/55</u>		REGISTRAR'S SIGNATURE <u>Frank Mohr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clippinghead</u>		ADDRESS <u>Gainesville, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0770

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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 *John P. Cherry* .....

Licensed Embalmer No. *488* .....

P. O. Address *Gainesville* .....

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.