

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37363
Do not use this space.

1. PLACE OF DEATH *Shelby, Mo.*
 (a) County *Shelby* Registration District No. *827*
 (b) Township *Clear* Primary Registration District No. *4500*
 or *Clear*
 (c) City *Clear* (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *James C. Noel*
 (a) Residence, No. _____ St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs Florence Noel*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 9, 1874*
 7. AGE YEARS *65* MONTHS *1* DAYS *17* IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *near Newark Lewis Co. Mo.*
 FATHER 13. NAME *E. P. Noel*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry County, Kentucky*
 MOTHER 15. MAIDEN NAME *Hannah Ogilby*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry County, Kentucky*
 17. INFORMANT (ADDRESS) *D. L. Noel*
Clearance, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Maplewood Cem* DATE *Oct 28 39*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hamilton Und. Co*
Clearance, Mo
 20. FILED *Oct 28 39* *Roy Hamilton*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 26 1939*
 22. I HEREBY CERTIFY That I attended deceased from *Dec 24 1938*, 19... to *Oct 26 1939*, 19...
 I last saw him alive on *Oct 26 1939*. Death is said to have occurred on the date stated above, at *4 a.*
 The principal cause of death and related causes of importance were as follows:
Apoplexy with Right Hemiplegia
 Date of onset *Dec 24 38*
 Other contributory causes of importance: *none*
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *none* Was there an autopsy? *no*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury _____, 19...
 Where did injury occur? *none*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *none*
 Nature of injury *none*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *D. L. Harlan*, M. D.
 (Signed) *D. L. Harlan*
 (Address) *Clearance, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1957

Date Filed NOV 10 1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed George J. Givan

Licensed Embalmer No. 1754

P. O. Address Hurmeville, 7

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, above space should be left blank.