

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27666
Registrar's No. 239

Registration District No. 1

Primary Registration District No. 200

1. PLACE OF DEATH: Adair
(a) County
(b) City or town Novinger Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 Yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Emanuel Novinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Shoop Novinger 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 17 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Adair County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James H. Novinger

13. Birthplace Penn

14. Maiden name Elizabeth Shoop (State or foreign country)

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth S Novinger

(b) Address Novinger Mo. R.R.B.

17. (a) burial (b) Date thereof Aug. 13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemt.

18. (a) Signature of funeral director B. W. Riley

(b) Address Kirksville Mo.

19. (a) Aug 27/41 (b) Spencer Treanna
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Novinger Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Novinger Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1941 hour 2:30 am minute _____ M.

21. I hereby certify that I attended the deceased from July 24
Aug 11 1941 to _____ 19____;
that I last saw him alive on Aug 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death coronary nephroses Duration 2 1/2 yrs

Due to _____

Due to _____

Other conditions hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. S. Gastwiler, M.D. (M. D. or other)

Address Novinger Mo. Date signed 8/25/41

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

NOV 17 1941

RECEIVED

District Health Officer No. 10

District File Number 9-41-1653

Date Filed SEP 16 1941

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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed

D. E. Rely

Licensed Embalmer No. 4181

P. O. Address Kirksville Mo.

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, fact should be so stated above.