

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2241

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville	
c. LENGTH OF STAY (in this place) Life Time		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) LEANDER MARION NOEL			4. DATE OF DEATH (Month) (Day) (Year) JANUARY-22-1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-28-1860	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS/ OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) Putnam County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME John A. Noel		13b. MOTHER'S M maiden name ROSEANN Young		14. NAME OF HUSBAND OR WIFE LETITIA NOEL	
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 LAWRENCE NOEL, Unionville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		
	PRECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) End. Oral repair		
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 420		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 Nov 7, 1948, to Jan 22, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE L. W. McDonald (Degree or title)		23b. ADDRESS Unionville, Mo		23c. DATE SIGNED 1-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN-25-1949		24c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	
24d. LOCATION (City, town, or county) Unionville, Mo.		24e. LOCATION (State)			
DATE REC'D BY LOCAL REG. 1-29-49		REGISTRAR'S SIGNATURE Maxwell D. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Comstock Funeral Home Unionville, Mo	

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

MAR 7 1958

NOV 17 1955

RECEIVED

District Health Officer No.

District File Number 2-48

FEB 2 - 1949

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 _____

Richard P Cassidy

Student Embalmer No. 76

working under my personal supervision.

Signed R.P. Cassidy
Student Embalmer

Signed

James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.