

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22774

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BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Cape Girardeau</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural</i>	
c. LENGTH OF STAY (in this place) <i>3 day</i>		d. STREET ADDRESS (If rural, give location) <i>1 mile south Burfordville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Southeast Mo Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARIE</i> b. (Middle) <i>LUCAS</i> c. (Last) <i>NOCE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 27-1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 6-1881</i>
9. AGE (To years last birthday) (Months) (Days) (Hours) (Min.) <i>67</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <i>Cleveland Ohio</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>Lucas</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>T. W. Noce</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>T. W. Noce Burfordville Mo.</i>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma of Cervix uteri</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>about 18 mos.</i> <i>4 yrs.</i>		171X	
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.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>July 27, 1949</i> to <i>July 27, 1949</i> that I last saw the deceased alive on <i>July 27, 1949</i> and that death occurred at <i>8:40 p.m.</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W. B. Miller, M.D.</i>		23b. ADDRESS <i>Jackson, Mo.</i>	
23c. DATE SIGNED <i>7/28/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Aug 1, 1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Cleveland Ohio</i>	
DATE REC'D BY LOCAL REG <i>7-28-49</i>		REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Miller</i>		ADDRESS <i>Jackson</i>	

District Health Officer No. 4
District File Number 849-10
Date Filed 8-1-49

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
Student Embalmer

Signed *Virgil H. Kelch*
Licensed Embalmer No. *4102*
P. O. Address *Cape Fear*

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.