No. 300
10.48

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22794

BIRTH NO. _____ REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 4082 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): At Work [redacted] Bogard Mo
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brunswick
d. STREET ADDRESS (If rural, give location): 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Eugene
c. (Last): Nolke

4. DATE OF DEATH (Month) (Day) (Year): June 2 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 24 1915
9. AGE (In years last birthday): 33 — If under 1 year: Months 10, Days 8; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Man
10b. KIND OF BUSINESS OR INDUSTRY: Power + Light
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: George Nolke
13b. MOTHER'S MAIDEN NAME: Lenora Taylor
14. NAME OF HUSBAND OR WIFE: Helen Nolke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 500-03-4859
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Helen Nolke
ADDRESS: Brunswick 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident - Electrocuded. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) On Electric light pole, High line
DUE TO (c) hit right hand, throwing 6900 Volts of electricity thru his body

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:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bogard, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bogard Carroll Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 2 1949 PM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Contacted Light Wires

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray Dickerson Jr. (Degree or title): Coroner
23b. ADDRESS: Bogard, Mo
23c. DATE SIGNED: 6/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 2, 1949
24c. NAME OF CEMETERY OR CREMATORY: Washington
24d. LOCATION (City, town, or county) (State): Glasgow Mo.

DATE REC'D BY LOCAL REG.: July 25-49
REGISTRAR'S SIGNATURE: Eunice Street
25. FUNERAL DIRECTOR'S SIGNATURE: Hudsley - Fremouth
ADDRESS: Glasgow, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 27
District Health Officer No. 8,
District File Number.....
Date Filed 7-27-49

JUL 2[illegible] 1948

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 myself

..... Student Embalmer No. .....

working under my personal supervision.

Signed R M Marshall Jr

Licensed Embalmer No. 7469

P. O. Address Carrollton, Me

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.