

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24294

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Perry	
-b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 3 Years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ulysses b. (Middle) S c. (Last) Noe			4. DATE OF DEATH (Month) (Day) (Year) June 25 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5 1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson Co., Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John W. Noe	13b. MOTHER'S MAIDEN NAME Sarah Browning	14. NAME OF HUSBAND OR WIFE Lena R. Noe
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edison Noe ADDRESS Menfro R # 1 Mo.
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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, asthma, 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 failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Infermites of age		
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7824	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 18th to 6-, 1949, that I last saw the deceased alive on 6-24, 1949, and that death occurred at 2:20 m., from the causes and on the date stated above.

23a. SIGNATURE Edison Noe (Degree or title)	23b. ADDRESS Perryville Mo	23c. DATE SIGNED June 25 1949
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24a. BURIAL CREMATION REMOVAL (Specify) Remove	24b. DATE June 27 1949	24c. NAME OF CEMETERY OR CREMATORY Freetown Cemetery	24d. LOCATION (City, town, or county) (State) Freetown Ind.
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DATE REC'D BY LOCAL REG. June 26-1949	REGISTRAR'S SIGNATURE Joe J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED - 7-22-49

Health Officer No. 4

File Number 249-999

Date Filed _____

JUL 21 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.