

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31029

**BIRTH NO.** 124      **REG. DIST. NO.** 206      **PRIMARY REG. DIST. NO.** 2042      **Registrar's No.** 61

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Madison</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>807 S. mine La Motte ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>807 S. mine La Motte ave.</u>		d. STREET ADDRESS (If rural, give location) <u>807 S. mine La Motte ave.</u>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>Charles</u> b. (Middle) <u>Noland</u> c. (Last) <u>Noland</u>			<u>Oct. 7, 1949</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 18, 1886</u>
<b>9. AGE</b> (In years last birthday) <u>63</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Stock dealer</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Indian Creek, Mo.</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>James Noland</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Cornelia McClard</u>
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emma D. Noland</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b>
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Emma D. Noland - Fredericktown</u>		<b>18. CAUSE OF DEATH</b>	
<b>19. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 7, 1949</u> , to <u>Oct 7, 1949</u> , that I last saw the deceased alive on <u>Oct 7, 1949</u> , and that death occurred at <u>10:05 AM</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>W. S. Laughter, M.D.</u>		<b>23b. ADDRESS</b> <u>135 W Main Fredericktown</u>	<b>23c. DATE SIGNED</b> <u>10/8/49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>10-9-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Indian Creek Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cape Girardeau Co. Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>10-8-1949</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Fredericktown</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>187</u>	<b>ADDRESS</b> <u>Fredericktown, Mo.</u>

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

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RECEIVED 10-13-49

District Health Officer No. 4

District File Number 1049-1348

Date Filed \_\_\_\_\_

DEC 22 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed L. Valjean Abrahamson

Licensed Embalmer No. 4251

P. O. Address Fredericktown, 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.