

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40955

State File No.

FILED DEC 28 1949

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4218 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>437 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>	b. (Middle) _____	c. (Last) <u>Noth</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 16 1874</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery man</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Godfrey Noth</u>	13b. MOTHER'S MAIDEN NAME <u>Scholastica Reich</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Noth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or known) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Noth</u> ADDRESS <u>Glasgow Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>heptosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 day</u> <u>chronic</u> <u>446 X</u> <u>12 yrs.</u>
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 <u>Dec 1</u> , 19 <u>49</u> , to <u>Dec 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>49</u> , and that death occurred at <u>3:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Sam E Rumb MD</u>		23b. ADDRESS <u>Glasgow Mo</u>	23c. DATE SIGNED <u>12/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow Missouri</u>
DATE REC'D BY LOCAL REG. <u>12/14/49</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>410 Audsley - Fremont</u>	ADDRESS <u>Glasgow Mo</u>

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

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RECEIVED DEC 27
District Health Officer No. 8,

District File Number

Date Filed 12-27-49

DEC 28 1949

DEC 29 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



Licensed Embalmer No. 3978

P. O. Address Glasgow, Md.

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.