

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42068**

FILED JAN 3 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 162

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>PULASKI</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Richland</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>City 1</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Richland</u> d. STREET ADDRESS (If rural, give location) <u>City</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>CARRIE</u> b. (Middle) <u>Adelia</u> c. (Last) <u>NOE</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12/22/49</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct 19 1862</u>
<b>9. AGE</b> (In years last birthday) (Months) (Days) (Hours) (Min.) <u>87</u> <u>2</u> <u>3</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Benton County, Iowa</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>13a. FATHER'S NAME</b> <u>Ansant. Wilkins</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Smith</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Nellie N. Winfield</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b> <u>None</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>19c. INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 days</u>  <u>10 yrs</u>  <u>47.28</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>None</u>		<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) (Min.) <u>None</u>	
<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>June, 1948</u> , to <u>Dec 22, 1949</u> , that I last saw the deceased alive on <u>Dec 9, 1949</u> , and that death occurred at <u>10:35 P.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Paul C. Rook, M.D.</u>		<b>23b. ADDRESS</b> <u>Richland, Mo</u>	
<b>23c. DATE SIGNED</b> <u>Dec 22 1949</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>12/24/49</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Lawn Cemetery Richland</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mo</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Shelma C. Buckthorn</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>12-29-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Shelma C. Buckthorn</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Shelma C. Buckthorn</u>		<b>ADDRESS</b> <u>Richland Mo</u>	

DEC 29 1949

NOV 8

SEP 14 1954

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

*Ernell Craig*

Student Embalmer No. *329*

working under my personal supervision.

Student *Ernell Craig*

Student Embalmer

Signed *A. B. Dupree*

Licensed Embalmer No. *3198*

P. O. Address *Beheand, 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.