

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4531

State File No.

BIRTH NO. 41409-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 193

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1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene.	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Springfield, N. Campbell Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) R.R.#6 Box 217.	

3. NAME OF DECEASED (Type or Print) a. (First) Noris b. (Middle) Kay c. (Last) Noland			4. DATE OF DEATH (Month) (Day) (Year) Mar 2 1950		
5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH July 2 - 1949.		9. AGE (In years last birthday) 8 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 Hrs. <input type="checkbox"/> Hours <input type="checkbox"/> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William W. Noland		13b. MOTHER'S MAIDEN NAME Viola Fischergrabe		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Father - Wm. W. Noland	
15. ADDRESS (If yes, give war or dates of service)		17. ADDRESS		17. ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial Acute			INTERVAL BETWEEN ONSET AND DEATH 3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, Secondary			29 BX
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 27 Feb, 1950, to Mar 2, 1950, that I last saw the deceased alive on 27 Feb, 1950, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Newton Wilkeman M.D.		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 3-2-50	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial	24b. DATE 3-4-1950	24c. NAME OF CEMETERY OR CREMATORY Hope Well Cem.	24d. LOCATION (City, town, or county) (State) Dallas Co. Mo.		
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DATE REC'D BY LOCAL REG. 3-2-50	REGISTRAR'S SIGNATURE M. H. Handley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vaughan - Beer Urbana, Mo			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Allen W. Vaughan.....

Licensed Embalmer No. 4156.....

P. O. Address Urbana, 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.