

S. No. 300
v. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7473

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>KIRNSVILLE</u>		c. LENGTH OF STAY (If this place) <u>2 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		1050			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>E</u> c. (Last) <u>NOLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 1950</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 29 1882</u>			
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR Month <u>8</u> Days <u>15</u>		if UNDER 12 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLIAM A. HAMLETT</u>			13b. MOTHER'S MAIDEN NAME <u>MARY V. PHILLIPS</u>			14. NAME OF HUSBAND OR WIFE <u>O.T. NOLAND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. O.T. Noland, Milan 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dehydration, uremia</u> DUE TO (c) <u>Gastritis, renal failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious anemia, Chronic malnutrition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4 days</u> <u>6 wks</u> <u>6 yrs</u>	
19a. DATE OF OPERATION <u>3/10/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture fresh of left femur</u>					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.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Milan 890 Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1 50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped and fell</u> <u>1950</u>					
22. I hereby certify that I attended the deceased from <u>Feb. 28, 1950</u> , to <u>March 14 1950</u> , that I last saw the deceased alive on <u>March 14, 1950</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <u>Donald Siell, D.D., M.</u>				23b. ADDRESS <u>K.C.O.S. Clinic, Kirksville Mo</u>		23c. DATE SIGNED <u>3/15/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-15-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock FUNERAL HOME</u> <u>By John H. Comstock</u>					

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

013
0
No 2nd death - known even in a case of 1st death

MAR 20 1950

RECEIVED

District Health Officer No. 10

District File Number 3-22-46

MAR 20 1950

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 John N. Comstock

Signed.....
Student Embalmer

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.