

FILED MAR 23 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10895

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2405**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) **St Louis**
 c. LENGTH OF STAY (in this place) **6 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **ST LO**
 c. CITY (If outside corporate limits, write RURAL and give township) **Wilbourn**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **JACK** b. (Middle) **Witson** c. (Last) **Nolen**

4. DATE OF DEATH (Month) (Day) (Year)
3 - 10 - 50

5. SEX **Male**
 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **4-8-1928**

9. AGE (In years last birthday) **21**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Self

11. BIRTHPLACE (State or foreign country)
Wapleva Arkansas

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Sherman Nolen

13b. MOTHER'S MAIDEN NAME
Vista Whitson

14. NAME OF HUSBAND OR WIFE
Chestine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
James B. Nolen Wilbourn Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Renal failure**
 DUE TO (c) **Malignant hypertension**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 month
6 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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)
593X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)
3-10-50 11:00 AM

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I, hereby, certify that I attended the deceased from **3-6**, 19**50** to **3-10**, 19**50**, that I last saw the deceased alive on **3-10**, 19**50**, and that death occurred at **4:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
H. R. Bradley M.D.

23b. ADDRESS
Barnes Hospital

23c. DATE SIGNED
3/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
3-11-50

24c. NAME OF CEMETERY OR CREMATORY
Mounds Park

24d. LOCATION (City, town, or county) (State)
Wilbourn Mo

DATE RECEIVED BY LOCAL REG. REGISTRAR'S SIGNATURE
J. B. Kauter

25. FUNERAL HOME OR EMERALD INC. ADDRESS
4104 Manchester Ave. St. Louis 10, Mo.

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

ob. 1-10-56

DEC 13 1956

JAN 10 1956

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.

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*
Student Embalmer No.
Licensed Embalmer No. *4053*
P. O. Address *St Louis*

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.