.S. No. 300
Rev. 10.48

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22985

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 231

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

1. PLACE OF DEATH
a. COUNTY Cape, ~~County~~ Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kewanee 077
d. STREET ADDRESS (If rural, give location) ~~Cape Girardeau~~

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) c. (Last) Nolley
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 29, 1868
9. AGE (In years last birthday) 82 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Lawenance, Co. Tenn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Leon Mcvary Nolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Susie E. Watson ADDRESS Kewanee, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis HC.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

INTERVAL BETWEEN ONSET AND DEATH: 585X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cholecystitis AC — Stones
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 7/6, 1950, *to* 7/19, 1950 *that I last saw the deceased alive on* 7/19, 1950, *and that death occurred at* 3:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. L. Fuerth (Degree or title) MD
23b. ADDRESS Cape Girardeau Mo
23c. DATE SIGNED 7/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 21, 1950
24c. NAME OF CEMETERY OR CREMATORY Sikeston
24d. LOCATION (City, town, or county) Sikeston (State) Mo.

DATE REC'D BY LOCAL REG. 7-31-1950
REGISTRAR'S SIGNATURE C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Richards Funeral Home ADDRESS New Madrid, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Office No. 6,
District File Number
Date Filed

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid 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.