S. No. 300
EV. 10.48

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34216

BIRTH NO. Dr Sarno REG. DIST. NO. 24v PRIMARY REG. DIST. NO. 436v Registrar's No. 35

0721

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morehouse, Mo
c. LENGTH OF STAY (In this place) 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morehouse, Mo 0721
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Vester b. (Middle) c. (Last) Nolen

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 8/23/84
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Warker
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Arlington, Ky
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Thomas Richardson Nolen
13b. MOTHER'S MAIDEN NAME Mohelta Faytomis
14. NAME OF HUSBAND OR WIFE X

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. 493-10-3200
17. INFORMANT'S SIGNATURE OR NAME Mrs Edward Dodge ADDRESS Morehouse Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hours

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.

4301

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)

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* 10-1, 1950, *to* 10-2, 1950, *that I last saw the deceased alive on* 10-2, 1950, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE F. M. Sarno (Degree or title) M.D.
23b. ADDRESS Morehouse Mo
23c. DATE SIGNED 10-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/4/50
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) (State) Sikeston, Mo

DATE REC'D BY LOCAL REG. 10/21-50
REGISTRAR'S SIGNATURE Thomas M. Sheets
25. FUNERAL DIRECTOR'S SIGNATURE Harry Jones ADDRESS Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John Allutton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Lakeston Mi

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.