

S. No. 300
V. 10.48

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36505

State File No.

264
1

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>214 Lincoln St.</u>		d. STREET ADDRESS (If rural, give location) <u>214 Lincoln St.</u> <u>0264</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>Virgil Nolte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	9. AGE (In years last birthday) <u>56</u>
13a. FATHER'S NAME <u>August Nolte</u>		13b. MOTHER'S MAIDEN NAME <u>Mahaley Carwile</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County Missouri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</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, asthma, etc. It means the disease, injury, or complication which caused death.		14. NAME OF HUSBAND OR WIFE <u>Pearl Mantle</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Mantle Nolte</u> ADDRESS <u>Jefferson City, Mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma base</u>		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 <u>April 1948</u> , to <u>Dec 7, 1950</u> , that I last saw the deceased alive on <u>Dec 7, 1950</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.	
23. SIGNATURE <u>Pearl Mantle</u> (Degree or title) <u>M.D.</u>		23c. DATE SIGNED <u>Dec 8-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/9/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Linn Public Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 8-1950</u>		REGISTRAR'S SIGNATURE <u>R.R. Davis MD-NR. 68</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>		ADDRESS <u>Norton Funeral Home Linn, Mo.</u>	

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

Dayton

RECEIVED 12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed: ~~12-11-50~~ _____

US 6161 770

DEC 12 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.....
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.