

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3927

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4052 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) Agency Town		c. CITY (If outside corporate limits, write RURAL and give township) Agency	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Agency, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) Andrew	b. (Middle) William	c. (Last) Noland	4. DATE OF DEATH (Month) (Day) (Year) FEB 10, 1951
-------------------------------------	-------------------	---------------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-12-1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 15	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 Farm	11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	----------------------------------

13a. FATHER'S NAME William Noland	13b. MOTHER'S MAIDEN NAME Frances Copeland	14. NAME OF HUSBAND OR WIFE Lula Mae Noland
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Mae Noland, Agency, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH  4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis		
	DUE TO (c) Bronchial pneumonia		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1-19-1951, to 2-10-1951 that I last saw the deceased alive on 2-10-1951, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE E Hande (Degree or title) M. D.	23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph, Mo.	23c. DATE SIGNED 2-10-51
--	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-1951	24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery	24d. LOCATION (City, town, or county) (State) Agency, Missouri
--	---------------------	--	--

DATE REC'D BY LOCAL REG. Feb 13, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. Joseph, Mo.
---------------------------------------	--------------------------------------	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0110

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.....  
Student Embalmer No. ....  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph, 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.