. No. 300
. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4156

0230
4

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Webb Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Revere 0230
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): AURORA
b. (Middle):
c. (Last): NOE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1951

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 7 1892
9. AGE (In years last birthday): 58 — 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): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aurora Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Walter Ad.

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: Mr. Walter Noe — ADDRESS: Revere 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): Myocarditis Chronic

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.: Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 4222

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* 12-20, 1950, *to* 2-3, 1951, *that I last saw the deceased alive on* 2-3-, 1951, *and that death occurred at* 1-30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. H. Ramsey Do 2
23b. ADDRESS: Kahoka Mo
23c. DATE SIGNED: 2-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 5 1951
24c. NAME OF CEMETERY OR CREMATORY: National Cem.
24d. LOCATION (City, town, or county) (State): Keokuk, Iowa

DATE REC'D BY LOCAL REG.: 2/6-51
REGISTRAR'S SIGNATURE: J. R. Briggs 61 0
25. FUNERAL DIRECTOR'S SIGNATURE: Settings Und. — ADDRESS: Kahoka

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1957

Date Received: FEB 1 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-369
Date Filed: FEB 1 5 1951

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 Otis L. Luttrell

Signed.....
Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Quincy

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.