

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5024

State File No.

Registrar's No. 70

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blue</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>Independence Mo Rt #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blue Hills Road Rt #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>F.</u> c. (Last) <u>Noteman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 - 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 22 - 1867</u>
9. AGE (In years last birthday) <u>83</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Jane Noteman</u>		ADDRESS <u>Mrs. Wm. Westmorland Indep Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. 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 <u>Jan</u> , 19 <u>50</u> , to <u>Feb. 12, 1951</u> , that I last saw the deceased alive on <u>Feb 12, 1951</u> , and that death occurred at <u>4:0</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. W. Higgins</u> (Degree or title)		23b. ADDRESS <u>Buckner Mo.</u>	
23c. DATE SIGNED <u>3/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb. 13 - 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. G. G. Galt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mitchell</u> ADDRESS <u>Indep, Mo.</u>	

0480

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

MAR 2 RECD

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 *L. Marion Reis* Student Embalmer No. _____

Signed.....
Student Embalmer

Licensed Embalmer No. *3156*

P. O. Address *Independence*

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.