S. No. 300
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FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22870

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5536 Registrar's No. 56

0440
1

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

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OREGON RURAL
c. LENGTH OF STAY (in this place): LIFETIME
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: HOLT 0440
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): OREGON RURAL 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): GOTTLIEB
c. (Last): NOELLSCH

4. DATE OF DEATH (Month) (Day) (Year): JULY 18 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 15, 1879
9. AGE (In years last birthday): 71 | 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): HOLT CO., MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN NOELLSCH
13b. MOTHER'S MAIDEN NAME: ANNA DAMMAN
14. NAME OF HUSBAND OR WIFE: EDITH NOELLSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. EDITH NOELLSCH OREGON, 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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Prostate — 1 Year
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: 177X
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 _____, 1950, to July 18, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 8:20 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. Kearney 0
23b. ADDRESS: Oregon Mo
23c. DATE SIGNED: July 19 51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: JULY 20, 1951
24c. NAME OF CEMETERY OR CREMATORY: MAPLE GROVE
24d. LOCATION (City, town, or county) (State): OREGON, MISSOURI

DATE REC'D BY LOCAL REG.: July 20-195[illegible]
REGISTRAR'S SIGNATURE: [signature] 122 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: PETTIJOHN FUNERAL SERVICE OREGON, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
24
DISTRICT
HEALTH OFFICE
CAMERON, MO.

VS APR 14 1961

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.