

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 8-1951

370
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BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 419A Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morrison</u> c. LENGTH OF STAY (In this place) <u>51 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morrison</u> <u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTHER</u> b. (Middle) <u>CHARLOTTE</u> c. (Last) <u>NOLTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 4, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
13a. FATHER'S NAME <u>Christopher F. Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Raaf</u>	11. BIRTHPLACE (State or foreign country) <u>Bay Missouri</u> <u>U</u>
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>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John M. Nolte Morrison Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General + Coronary Sclerosis</u>		DUE TO (c) <u>Diabetes mellitus.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>11-3-1951</u> , to <u>only</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>never</u> , 19 <u>51</u> , and that death occurred at <u>1:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth</u>		23b. ADDRESS <u>Chambers, Mo.</u>	23c. DATE SIGNED <u>11-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morrison, Mo</u>
DATE REC'D BY LOCAL REG. <u>11/7/51</u>	REGISTRAR'S SIGNATURE <u>W. H. Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugo H. Blumer Hermann, Mo</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

- DEC-6--1951 -

RECEIVED

SEP 3 1952

JUL 29 1952

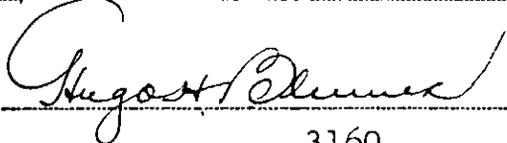
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Signed _____
Student Embalmer

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.