

0.300  
0.48  
FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41175

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>	
c. LENGTH OF STAY (in this place) <b>33 Years</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>307 E. Laclede</b>		d. STREET ADDRESS (If rural, give location) <b>307 E. Laclede</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Laura</b>	b. (Middle) <b>Alice</b>	c. (Last) <b>Noe</b>	<b>November 22 51</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 2 1886</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
----------------------	-------------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Malden, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Thomas Pennington</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie Bailey</b>	14. NAME OF HUSBAND OR WIFE <b>J. M. Noe</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Opal Paul</b>	ADDRESS <b>Malden, Mo.</b>
---	-------------------------------------	--	----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia, Bilateral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Injury, left hip, by falling</b>		
	DUE TO (c) <b>E9030</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>20</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <b>Bakersfield, California</b>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 25 1951 10:00 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Going out door and fell against sill</b>
--	---	--

22. I hereby certify that I attended the deceased from **17 Nov, 1951, to 22 Nov, 1951**, that I last saw the deceased alive, on **22 Nov, 1951**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles S. Williams M.D.</b>	23b. ADDRESS <b>Malden, Mo.</b>	23c. DATE SIGNED <b>23 Nov 51</b>
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-25-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MALDEN MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>MALDEN MO.</b>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <b>12-12-51</b>	REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DAY FUNERAL HOME</b>	ADDRESS <b>MALDEN MO.</b>
--	--	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-17-51

COUNTY FILE NUMBER 1251-351

**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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.