

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43765

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel Township
c. LENGTH OF STAY (In this place) 46 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X

2. USUAL RESIDENCE (Where deceased lived. If institution, give residence before admission).
a. STATE Mo
b. COUNTY Shelby
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethel Twp - 1020
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) William b. (Middle) Henry c. (Last) Noite
4. DATE OF DEATH (Month) (Day) (Year) Dec 15-1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 14-1880
9. AGE (In years last birthday) 71 10. UNDER 1 YEAR Months 7 Days 1 11. UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Michael Noite 13b. MOTHER'S MAIDEN NAME Katherine (Not known) 14. NAME OF HUSBAND OR WIFE Gertrude Noite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs Gertrude Noite ADDRESS Shelbyville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis
DUE TO (c) Coronary Insufficiency
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 4 weeks

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201 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) _____ 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 Nov 19, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or Title) Howard V. DeWitt 23b. ADDRESS Bethel Mo 23c. DATE SIGNED 12/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Dec 19-1951 24c. NAME OF CEMETERY OR CREMATORY Lion Cemetery 24d. LOCATION (City, town, or county) (State) West of Bethel, Mo.

DATE REC'D BY LOCAL REG. 12-31-51 REGISTRAR'S SIGNATURE Ada Garrison 419 25. FUNERAL DIRECTOR'S SIGNATURE W. Mesgrove ADDRESS Bethel, Mo.

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

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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. W. Musgrove*

Licensed Embalmer No. *2719*

P. O. Address *Bethel, 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.