

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 391

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>55</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u>					
b. CITY OR TOWN <u>Paplaw Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Advantage</u>		d. STREET ADDRESS (If rural, give location) <u>Advantage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Paplaw Bluff Hosp.</u>				3. NAME OF DECEASED a. (First) <u>CHARLES RUFUS</u> b. (Middle) <u>NOLEN</u> c. (Last) <u>NOLEN</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>Jan. 4, 1894</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>		9. AGE (In years last birthday) <u>58</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1952</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Charley Nolan</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda B. Buff</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Nolan, deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-4249</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lou Hicks, Advantage, Mo.</u> ADDRESS _____					
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>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>1-26</u> , 19 <u>52</u> , to <u>1-28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-28</u> , 19 <u>52</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson M.D.</u>				23b. ADDRESS <u>Paplaw Bluff, Mo.</u>		23c. DATE SIGNED <u>2-5-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 30, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advantage, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd S. Morgan</u> ADDRESS <u>Advantage, Mo.</u>					

11240

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

77mm

RECEIVED

FEB 13 1952

BUTLER CO. HEALTH CENTER

FILE No. 252-80

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 \_\_\_\_\_

William H. Smayda

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed William H. Smayda

Licensed Embalmer No. 4640

P. O. Address Adrian, Mich

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.