

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. **103** PRIMARY REG. DIST. NO. **4175** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hornersville	
c. LENGTH OF STAY (In this place) 48 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Baptist	c. (Last) Noell	4. DATE OF DEATH (Month) (Day) (Year)
				1 25 52

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-21-1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 10 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jessie Noel	13b. MOTHER'S MAIDEN NAME Jane Carlin	14. NAME OF HUSBAND OR WIFE Annie Noell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-10-1399	17. INFORMANT'S SIGNATURE OR NAME John C Noell	ADDRESS St. Johns, Mich.
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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) Carcinoma breast		INTERVAL BETWEEN ONSET AND DEATH 12 mo
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause. (a) stating the underlying cause last.		
	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 153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 1951** to **Jan 25, 1952**, that I last saw the deceased alive on **Jan 25, 1952**, and that death occurred at **2:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Noell	23b. ADDRESS Hornersville, Missouri	23c. DATE SIGNED 1-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-27-52	24c. NAME OF CEMETERY OR CREMATORY Horner Cemetery	24d. LOCATION (City, town, or county) (State) Hornersville, Missouri
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DATE REC'D BY LOCAL REG. 1-27-52	REGISTRAR'S SIGNATURE Bertha Kinsolving	25. FUNERAL DIRECTOR'S SIGNATURE Emerson & Son Funeral Home	ADDRESS Jonesboro Arkansas
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-29-52
COUNTY FILE NUMBER 152-36

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 Tom J. Emery

Licensed Embalmer No. 895

P. O. Address Lincoln, Del.

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.