

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

-4069

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 235

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>P.</u> c. (Last) <u>Nold</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 19, 1952</u>
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>October 25, 1893</u>
<b>9. AGE</b> (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Andrew County, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farm</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>George W. Nold</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elodia Laderonte</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cecilia Nold</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>unk.</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Cecilia Nold, Savannah, Missouri</u>
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebrovascular accident (Haemorrhage)</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.		<u>① Pneu Respiratory infection</u> <u>② Gout</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>9-8</u>, 19<u>51</u>, to <u>2-19</u>, 19<u>52</u>, that I last saw the deceased alive on <u>2-19</u>, 19<u>52</u>, and that death occurred at <u>6:00 a.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Wm. B. ...</u>		<b>23b. ADDRESS</b> <u>510 Carly Bldg</u>	<b>23c. DATE SIGNED</b> <u>2-20-52</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>	<b>24b. DATE</b> <u>2/23/1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>St. Joseph Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Feb 28, 1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>476</u> <u>Carl G. Cahley</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Neaton-Brown Funeral Home</u> <u>St Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0117

MAN-

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th St. Joseph, 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.