

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Moberly	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 584 West Lee	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LAWSON b. (Middle) JENNING c. (Last) NOEL			4. DATE OF DEATH (Month) (Day) (Year) April-9-1952		
---	--	--	---	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug-9-1905		9. AGE (In years, last birthday) 46		if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Min.	
--------------------	--	-------------------------------	--	---	--	------------------------------------	--	--	--	--------------------------------	--	-------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman			10b. KIND OF BUSINESS OR INDUSTRY United Shoe Machine			11. BIRTHPLACE (State or foreign country) Herndon Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
--	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME Alfred F. Noel			13b. MOTHER'S MAIDEN NAME Mary Jane Harris			14. NAME OF HUSBAND OR WIFE Gertrude Noel		
--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4807-01-3671		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Noel		ADDRESS Moberly MO	
--	--	---	--	---	--	---------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 5 hours	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis							
		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. Hiatus hernia of stomach 10 years							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **March 15, 1952** to **April 8, 1952**, that I last saw the deceased alive on **April 8, 1952** and that death occurred at **12:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clarence Clohis, M.D.		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED April 9 1952	
---	--	----------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE April-11-1952		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Sweet Springs MO	
---	--	--------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. Apr 11-52		REGISTRAR'S SIGNATURE Reah Wilcox Lewis		25. FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home		ADDRESS Moberly MO	
---	--	--	--	---	--	---------------------------	--

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

83

JUL 14 1954

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 _____

working under my personal supervision. _____ Student Embalmer No. 442

Student Jerry R. Carter
Student Embalmer

Signed R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly 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.