

0.300
0.48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11686

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 64

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

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MORLEY	
c. LENGTH OF STAY (in this place) 19 hrs		d. STREET ADDRESS (If rural, give location) BOX 34	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MO. DELTA COMM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) NORMA	b. (Middle) JEAN	c. (Last) NOLAN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 26 1952
-------------------------------------	------------------	------------------	-----------------	---

5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) BABY (1)	8. DATE OF BIRTH MARCH 8, 1951	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 0	IF UNDER 24 Hrs. Days 18	IF UNDER 24 Hrs. Hours Min.
-----------------	------------------------	---	--------------------------------	-----------------------------------	--------------------------	--------------------------	-----------------------------

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

13a. FATHER'S NAME HENRY LEE NOLAN, JR.	13b. MOTHER'S MAIDEN NAME LILLIAN WILLIAMS	14. NAME OF HUSBAND OR WIFE -----
---	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIAN WILLIAMS NOLAN, MORLEY, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
11. 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	20. AUTOPSY? YES <input 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 3/25, 1952, to 3/26, 1952, that I last saw the deceased alive on 3/26, 1952, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Citchelaw (Degree or title) M.D.	23b. ADDRESS Sikeston, Mo	23c. DATE SIGNED Mar 27, 1952
--	---------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-52	24c. NAME OF CEMETERY OR CREMATORY Carpenter Cem	24d. LOCATION (City, town, or county) (State) North of Sikeston, 6 mi Mo.
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 3-29-52	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	GENERAL DIRECTOR'S SIGNATURE H. C. Jones	ADDRESS Sikeston, Mo.
----------------------------------	--	--	-----------------------

RECEIVED MAR 31 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 352-91

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.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.