

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17304**

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **25**

0690
1

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

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Monroe City		c. CITY (If outside corporate limits, write RURAL and give township) Monroe City	
c. LENGTH OF STAY (In this place) —		d. STREET ADDRESS (If rural, give location) 411 WEST SUMMER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 411 WEST SUMMER			

3. NAME OF DECEASED (Type or Print) a. (First) CLAIKE b. (Middle) AGEE c. (Last) NOLAND		4. DATE OF DEATH (Month) (Day) (Year) 5-26-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH 1/29/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST-DOCTOR		11. BIRTHPLACE (State or foreign country) Missouri	
10b. KIND OF BUSINESS OR INDUSTRY DENTISTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
9. AGE (In years last birthday) 69		13. FATHER'S NAME ADOLPHUS NOLAND	
14. NAME OF HUSBAND OR WIFE LEONA E. NOLAND		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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona Noland	

13a. FATHER'S NAME ADOLPHUS NOLAND		13b. MOTHER'S MAIDEN NAME MARY ENNIS		14. NAME OF HUSBAND OR WIFE LEONA E. NOLAND	
--	--	--	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES	
		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 CHRONIC PROSTATISM		54 YEARS	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)	
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 **May 25, 1952**, to **May 26, 1952**, that I last saw the deceased alive on **May 26, 1952**, and that death occurred at **29 m.**, from the causes and on the date stated above.

23a. SIGNATURE John White		23b. ADDRESS Monroe City Mo		23c. DATE SIGNED 5/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/28/1952		24c. NAME OF CEMETERY OR CREMATORY ST. JUDES	
24d. LOCATION (City, town, or county) (State) Monroe City Mo		25. FUNERAL DIRECTOR'S SIGNATURE Narold S. Larner		ADDRESS Monroe City	
DATE REC'D BY LOCAL REG. 5/27/1952		REGISTRAR'S SIGNATURE Clara Robertson		471	

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 Harold V. Turner

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.