

SEP 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32061

State File No. MISSOURI 110024468
REGISTRAR'S No. 74468

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb CITY</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>325 S. BALL Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 S. BALL Street</u>		d. STREET ADDRESS (If rural, give location) <u>325 S. BALL Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>JANE</u> c. (Last) <u>Noland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 20 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 31, 1875</u>
9. AGE (in years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co, Ill</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jacob Williams</u>		13b. MOTHER'S MAIDEN NAME <u>NO DATA</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Noland Sr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Noland Sr Webb City, Mo</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION CORONARY THROMBOSIS INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension - severe atherosclerosis</u>		19. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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 <u>3-6</u> , 19 <u>52</u> , to <u>9-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>52</u> , and that death occurred at <u>3:00 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. Ferguson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Webb City, Mo</u>	
23c. DATE SIGNED <u>9/22/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-22-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Webb City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb City Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-22-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer Hedge Lewis</u>	

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

1492

RECEIVED 9-29-52
Jasper County Health Office

County File Number 52/9/768

Date Filed 9-29-52

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 Richard Gray Lewis

Licensed Embalmer No. 7425

P. O. Address Webb 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.