

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **276**

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

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Moberly 0883		d. STREET ADDRESS (If rural, give location) 312 E Burkhardt			
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 E Burkhardt				d. STREET ADDRESS (If rural, give location) 312 E Burkhardt					
3. NAME OF DECEASED (Type or Print) a. (First) Moses b. (Middle) A. c. (Last) Noel			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1952						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 30 1868		9. AGE (In years last birthday) 84 if UNDER 1 YEAR Months 3 Days 20 if UNDER 12 Mths. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Repairer		10b. KIND OF BUSINESS OR INDUSTRY RR		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Noel			13b. MOTHER'S MAIDEN NAME Mary Harley		14. NAME OF HUSBAND OR WIFE Nettie				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 702-05-9282		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nettie Noel, Moberly, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerosis, Semility				INTERVAL BETWEEN ONSET AND DEATH several weeks	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Nov 6/52 to Nov 20/52 , that I last saw the deceased alive on Nov 20/52 and that death occurred at 8 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE Dr. R. E. Nobe, MD				23b. ADDRESS Moberly, Mo		23c. DATE SIGNED 11/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-22-52		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Madison, Mo			
DATE REC'D BY LOCAL REG. 11-22-52		REGISTRAR'S SIGNATURE Paul Thuermer		25. FUNERAL DIRECTOR'S SIGNATURE 234. Mahan and Son		ADDRESS Moberly, Mo			

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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 Frank J. Witt

Licensed Embalmer No. 3021

P. O. Address. Moberly, 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.