

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

213

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 1406 Hickory St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia Mo
d. STREET ADDRESS (If rural, give location) 1406 Hickory St 0105

3. NAME OF DECEASED
a. (First) Florence b. (Middle) Ann c. (Last) Noel

4. DATE OF DEATH (Month) (Day) (Year)
Jan 27 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan 10 1886

9. AGE (In years last birthday) 67 UNDER 1 YEAR Months 0 Days 17 UNDER 1000 Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Boone Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Lewis

13b. MOTHER'S MAIDEN NAME Emlyn Burks

14. NAME OF HUSBAND OR ~~WIFE~~ V. B. Noel

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. xx

17. INFORMANT'S SIGNATURE OR NAME ADDRESS V B Noel Columbia 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH
1 hr
15 yr
10 yr

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-11-, 1951, to 1-27-, 1953, that I last saw the deceased alive on 1-18-, 1953, and that death occurred at 12:15 Am., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) Amie H. Atkins, M.D.

23b. ADDRESS 506 Cherry Columbia Mo

23c. DATE SIGNED 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-30-1953

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem

24d. LOCATION (City, town, or county) (State) Columbia Mo

DATE REC'D BY LOCAL REG. Jan 28 1953

REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 315

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Ottwell Columbia Mo

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

105
1

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.