

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 19 1953

S. No. 300
V. 10-48

BIRTH (NO.) 777 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CAPE GIRARDEAU</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		0164
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSP</u>			d. STREET ADDRESS (If rural, give location) <u>CAPE OSTE. HOSP.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERTA</u> b. (Middle) <u>GAIL</u> c. (Last) <u>NOBLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>LIVE INFANT</u>	8. DATE OF BIRTH <u>1-7-53</u>	9. AGE (in years last birthday) <u>-</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU MO</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>ROBERT E NOBLE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH MILLS</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT E. NOBLE, CHAFFEE MO</u> ADDRESS		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY PARALYSIS</u> ANTECEDENT CAUSES DUE TO (b) <u>PREMATURITY</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PREMATURITY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u>
19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		7735	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	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>JAN 7, 1953</u> , to <u>JAN 11, 1953</u> , that I last saw the deceased alive on <u>JAN 11, 1953</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>			23b. ADDRESS <u>2 CHAFFEE, MO.</u>		23c. DATE SIGNED <u>1-13-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK</u>	24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO</u>		
DATE REC'D BY LOCAL REG. <u>1-13-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STUBBS' FUNERAL HOME</u>		

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

STATEMENT BY LICENSED EMBALMER

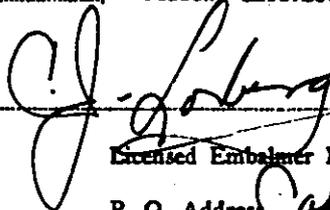
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3810

P. O. Address Cape Girardeau 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.