

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>4574</u>		Registrar's No. <u>23</u>			
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIANGWA</u>			c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIANGWA MO</u>			d. STREET ADDRESS (If rural, give location) <u>1120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____									
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) _____		c. (Last) <u>NOBAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 12 1953</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 26 1870</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	11. UNDER 1 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ROSEHILL TX</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOSEPH RECTOR</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>STEPHEN NOBAND</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAUDE SCHNARR CONWAY</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		19. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH _____		
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>Acute Circulatory Failure</u>							
		ANTECEDENT CAUSES							
		DUE TO (b) <u>Coronary Thrombosis</u>							
		DUE TO (c) <u>Arteriosclerosis</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>							
19a. 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>12-10-1952</u> to <u>3-12-1953</u> , that I last saw the deceased alive on <u>3-7-1953</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Marshallfield, Mo.</u>		23c. DATE SIGNED <u>3/12/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK KANSAS CITY KANS</u>		24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. <u>3/13/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO MARSHFIELD</u> ADDRESS _____					

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

R. W. Barber

Licensed Embalmer No. *3848*

P. O. Address *Mt. Grove, Pa.*

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.