

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12091

State File No.

FILED MAR 18 1953

BIRTH NO.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2284

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Madison	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 2036 - 5th st. 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) Vesta c. (Last) Noe			4. DATE OF DEATH (Month) (Day) (Year) 2-26-53
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-31-1898
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) Lacygne, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Norman E. Johnson	
13b. MOTHER'S MAIDEN NAME Catherine Cassidy		14. NAME OF HUSBAND OR WIFE James W. Noe	
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. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Noe, Madison, Ill.			
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) Mitral Valve Stenosis and aortic valve stenosis Rheumatic Fever DUE TO (b) DUE TO (c) nephrosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4013			
22. I hereby certify that I attended the deceased from June, 1952 to Feb 26, 1953, that I last saw the deceased alive on Feb 26, 1953, and that death occurred at 1:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Sam T. Hean M.D.		23b. ADDRESS 35 N Central - Shaw's Key	
23c. DATE SIGNED 2/27/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 2-26-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Madison, Ill.	
DATE REC'D BY LOCAL REG. FEB 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lahey F.H., Madison, Ill.			

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.....
Signature of Student Embalmer

Signed *J. E. Morris*.....

Licensed Embalmer No. *3360*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.