

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13827

State File No.

0380
 4

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

ED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>51 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>West 3 rd. St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harmony Hill Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Adehane</u> b. (Middle) <u>Noel</u> c. (Last) <u>Noel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 19 1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 17 1872</u>
9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 HRS. 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 <u>at Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Pulaski County Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Oliver Marcum</u>		13b. MOTHER'S MAIDEN NAME <u>Clara H. Gosar</u>	
13c. NAME OF HUSBAND OR WIFE <u>Julias Noel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ida Noel Stanberry</u>		ADDRESS <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		DUE TO (c) <u>Aterio-sclerosis general</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Dysentery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4221C</u>	
20. AUTOPSY? YES <input 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? _____			
22. I hereby certify that I attended the deceased from <u>1940</u> to <u>April 18, 1953</u> , that I last saw the deceased alive on <u>April 18, 1953</u> , and that death occurred at <u>1. 10 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Kelly</u> (Degree or title) _____		23b. ADDRESS <u>Stanberry, Mo.</u>	
23c. DATE SIGNED <u>4-20-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/21/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Fairfax Atchison, Mo.</u>	
DATE REC'D BY LOCAL REG <u>April 21 1953</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Atchison, Mo.</u>		FURNISHED TO _____	

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MAY 1 1963

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 Leroy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stouffville, 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.