

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18790**

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5817** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Mill Creek</b> township) <b>10</b>	c. LENGTH OF STAY (in this place) <b>10 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>0710</b>	d. STREET ADDRESS (If rural, give location) <b>10 Miles S.W. Syracuse</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10 Miles S.W. Syracuse</b>		d. STREET ADDRESS (If rural, give location) <b>10 Miles S.W. Syracuse</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Myrtie</b>	b. (Middle) <b>Ivah</b>	c. (Last) <b>Notestine</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May, 12, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 26, 1879</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cincinnati, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Curliss</b>	13b. MOTHER'S MAIDEN NAME <b>Millie Ross</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Notestine</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Donald Buss, Fortuna, Mo. R. F. D.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>	ANTECEDENT CAUSES <b>Hypertension</b>		<b>30 MIN.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO* (b) <b>Hypertension</b>		<b>?</b>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>444 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **5-12, 1953**, to **5-12, 1953**, that I last saw the deceased alive on **5-12, 1953**, and that death occurred at **5 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jack Gunn MD</b> (Degree or title)	23b. ADDRESS <b>Versailles, Mo.</b>	23c. DATE SIGNED <b>5-12-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>May 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oxford Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Oxford, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>May 14 - 1953</b>	REGISTRAR'S SIGNATURE <b>J. W. Washburn, MD</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Richards</b>	ADDRESS <b>TIPTON</b>
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**Per Debra K. Kibbell, Deputy** (Licensed Embalmer - Statement on Reverse Side) **MISSOURI**

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

JUN 3 1953

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

*James E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Dipton 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.