

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21980**

FILED JUN 29 1953

BIRTH NO. _____		REG. DIST. NO. <u>15A</u>		PRIMARY REG. DIST. NO. <u>4249</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HILLSBORO</u>		c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CEDAR GROVE NURSING HOME</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDAR GROVE NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HILLSBORO 0500</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>C</u> c. (Last) <u>NOLLMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1953</u>				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 27, 1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>HIGH RIDGE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HERMAN NOLLMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DORA BOEHLING</u>		14. NAME OF HUSBAND OR WIFE <u>SOPHIA NOLLMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sophia Nollman</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (Min.)		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>June 10, 1953</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 10, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold E. Donnell M.D.</u>				23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>6-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 14 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ANTONIA MO</u>	
DATE REC'D BY LOCAL REG. <u>6-13-53</u>		REGISTRAR'S SIGNATURE <u>Ruth Ann Mason</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Whitely &amp; Son Superior Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2500  
4

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 23 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

*Arthur W. Heiligstein*

Licensed Embalmer No. 3872

P. O. Address Imperial 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.