

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22097**

FILED JUN 17 1953

BIRTH NO. _____		REG. DIST. NO. <b>383</b>		PRIMARY REG. DIST. NO. <b>5655</b>		Registrar's No. <b>48</b>	
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mt. Vernon</b>		c. LENGTH OF STAY (in this place) <b>820 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>		<b>0396</b> <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>				d. STREET ADDRESS (If rural, give location) <b>2239 N. Grand</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>H.</b> c. (Last) <b>Noland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 10, 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 6, 1883</b>		9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 2 HRS. Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto parts dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Henry Noland</b>		13b. MOTHER'S MAIDEN NAME <b>Susan E. Miller</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>491-03-5908</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>San. records, Mo. St. San., Mt. Vernon, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - gangrene st. foot</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>  <b>1 Mo.</b>  <b>about 15 Mo</b>	
19a. DATE OF OPERATION <b>6-10-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Arteriosclerosis of trunk - gangrene st. foot - 4501A</b>		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 <b>3-13</b> , 19 <b>51</b> , to <b>6-10</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>6-10</b> , 19 <b>53</b> , and that death occurred at <b>9:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. A. Brasher M.D.</b>				23b. ADDRESS <b>Mt. Vernon, Missouri</b>		23c. DATE SIGNED <b>6-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-11-53</b>		REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Schroyer</b>		ADDRESS <b>Springfield, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

0.300  
0.48  
50  
0

JUN 18 1960

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 *D. J. Mc Conn*

Licensed Embalmer No. *2727*

P. O. Address: *Springfield, 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.