

300
48

FILED AUG. 19 1953

STANDARD CERTIFICATE OF DEATH

28788
State File No. 3812

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 8 days | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013 | |
| | | d. STREET ADDRESS (If rural, give location) / | |

| | | | | | | | | | | | | | | |
|--|--|----------------------------------|------------|--|--------------------------|---|--------------------------|--|---|--|---|-------------------------|---------------------------|---------------------------|
| 3. NAME OF DECEASED (Type or Print) CLARENCE | | | a. (First) | | b. (Middle) A. | | c. (Last) NOEL | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1953 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH March 12, 1885 | | | 9. AGE (in years last birthday) 68 | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (City and State or Foreign Country) Adair County, Missouri 0 | | | 12. CITIZEN OF WHAT COUNTRY? USA. | | | |

| | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|---------|--|--|
| 13a. FATHER'S NAME Frank Noel | | | 13b. MOTHER'S MAIDEN NAME Anna Hass | | | 14. NAME OF HUSBAND OR WIFE Ollie Mae Noel | | | | | |
| 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 Claude R. Noel, Kirksville, Missouri | | | ADDRESS | | |

| | | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|----------------------------------|--|
| 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 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction | | | | | | | 5 Minutes | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis about Diaphragm | | | | | | | 1 yr. | |
| | | DUE TO (c) | | | | | | | 115-01 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial asthma | | | | | | | 5 mos. | |

| | | | | | | | | | |
|--|--|--|--|--|---|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) m. | | 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 7:26, 1953, to 8:11, 1953, that I last saw the deceased alive on 8/1, 1953 and that death occurred at 10:45 a. m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|-----------------------------------|--|---|--|--|--|
| 23a. SIGNATURE <i>[Signature]</i> | | (Degree or title) MD MD | | 23b. ADDRESS 1222 7th Ave | | 23c. DATE SIGNED 8/1/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 8-1-53 | | 24c. NAME OF CEMETERY OR CREMATORY Union Temple | | 24d. LOCATION (City, town, or county) (State) Adair County, Missouri | |

| | | | | | | | |
|---|--|---|--|---|--|---------------------------|--|
| DATE REC'D BY LOCAL REG. 8-1-53 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | | ADDRESS K.C.MO. | |
|---|--|---|--|---|--|---------------------------|--|

(Licensed Embalmers' Statement on Reverse Side)

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

AUG 19

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

Eugene Johnson

Licensed Embalmer No. *4632*

P. O. Address *A.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.