

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34900
State File No.

FILED OCT 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>327</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	c. CITY OR TOWN <u>Kirksville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>612 N. Elson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Novinger</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 5, 1891</u>		9. AGE (In years last birthday) <u>62</u> if UNDER 1 YEAR Months Days if UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Fletcher town Cumberland England</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Joseph Farish</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. A. Novinger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give year or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Chas. A. Novinger, Kirksville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pulmonary hemorrhage</u> ANTECEDENT CAUSES <u>Tobac pneumonia</u> DUE TO (b) <u>Tobac pneumonia</u> DUE TO (c) <u>Serul secondary anemia?</u> II. OTHER SIGNIFICANT CONDITIONS <u>Chronic glomerulonephritis?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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>9/27</u> , 19 <u>53</u> , to <u>10/3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/3</u> , 19 <u>53</u> , and that death occurred at <u>3:10 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John C. Plure 2nd</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>10/12/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-13-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Kirksville, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *George W. Dardelt*

Licensed Embalmer No. *479*

P. O. Address *Kirkswill*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**