

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

672

State File No. ....

FILED JAN 25 1954

BIRTH NO. ....		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Loose Creek</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0760</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u> b. (Middle) <u>Louise</u> c. (Last) <u>Nolte</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED, DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>June 2-1869</u>		9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmistress Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Loose Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Theodore Heinen</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Backes</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Nolte</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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Ida Nolte</u>		ADDRESS <u>Loose Creek, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Fracture of hip comminuted</u> <u>2 weeks</u> the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hypertensive Cardiovascular</u> <u>5 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>076</u> (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 <u>Jan 3, 1954</u> , to <u>Jan 22, 1954</u> , that I last saw the deceased alive on <u>Jan 21, 1954</u> , and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. B. Kella M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>1-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Loose Creek,</u>		24d. LOCATION (City, town, or county) (State) <u>Loose Creek, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 22-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris M.D. - RR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayde Norton</u>		ADDRESS <u>Linn, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Vernon M. Moore*.....

Licensed Embalmer No. *41*.....

P. O. Address *Leand*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.