

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2097

State File No.

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 3

0690

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, St. James Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Twp.</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d: STREET ADDRESS (If rural give location) <u>1 mile South East Prairie</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile South East Prairie</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DURA</u> b. (Middle) <u>DUTY</u> c. (Last) <u>NOLAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 3 - 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20 - 1893</u>	9. AGE (in years last birthday) <u>60</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wolf Island, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>L. A. Duty</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Mahon</u>	14. NAME OF HUSBAND OR WIFE <u>William Nolan</u>
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15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>William Nolan</u> ADDRESS <u>East Prairie</u>
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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 <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoexy Cerebral</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>334X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 3, 1954, to Jan 3, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	Degree or title	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>F-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-13-54</u>	REGISTRAR'S SIGNATURE <u>Tertrude L. Harper</u>	1973	GENERAL DIRECTOR'S SIGNATURE <u>Wm. Shelly</u> ADDRESS <u>East Prairie, Mo.</u>
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JAN 14 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 15 1954

[Handwritten notes, possibly "L. H. ..."]

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 *Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.