

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16496

State File No.

FILED MAY 18 1954

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>111 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 Broadway</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>	b. (Middle) <u>Bennard</u>	c. (Last) <u>Nolte</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 25, 1900</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Humfeld, Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Carl B. Nolte</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna Nolte</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>492-18-4605</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Nolte - Higginsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ 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 <u>1201</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) (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 May 12, 1954 to May 13, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 12:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. K. Kessens, M.D.</u>	23b. ADDRESS <u>Higginsville, Mo.</u>	23c. DATE SIGNED <u>5-13-54</u>
---	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 15-1954</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>A. N. Hader Higginsville, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0544

0541
0

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 *Robert Richhof* _____

Licensed Embalmer No. *4284* _____

P. O. Address *Hopewell, 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.