

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. **19388**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3128 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY OR TOWN Jasper	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 Mc Cune Brooks Hosp		e. STREET ADDRESS (If rural, give location) Rt. #1	

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle)	c. (Last) Noel	4. DATE OF DEATH (Month) (Day) (Year) 6-12-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-29-1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Noel Missouri		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Puss Noel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Fannie Williams Goodman Mo	ADDRESS
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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, ashenia, 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) Metastatic carcinoma of bones - vertebrae, pelvis, ribs, femurs -		1 year -
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of prostate - DUE TO (c)		2 years -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease -			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 9-14, 1954, to 6/12, 1954, that I last saw the deceased alive on 6/11, 1954, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Charles F. Shell M.D.	(Degree or title)	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 6/14/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-14-1954	24c. NAME OF CEMETERY OR CREMATORY Noel Cemetery	24d. LOCATION (City, town, or county) (State) Noel, Missouri
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DATE REC'D BY LOCAL REG. 6-14-54	REGISTRAR'S SIGNATURE Margaret Carter	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home Carthage, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 23 195
Jasper County Health Office
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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 *William B. Cantel*.....

Licensed Embalmer No. *884*.....

P. O. Address *Coelby*.....

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.