

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43165**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519** Registrar's No. **17**

1070

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

1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CABOOL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CABOOL</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1070</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>NOIRFALISE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-16-54</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>12-5-1880</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>IOWA</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John Hall</b>		13b. MOTHER'S MAIDEN NAME <b>MARY</b>		14. NAME OF HUSBAND OR WIFE <b>F. J. NOIRFALISE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank Noirfalise</b> ADDRESS <b>Cabool</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUE TO (b) <b>Hypertension</b>			<b>5 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Atherosclerosis</b>			<b>15 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>15 years</b>

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)	
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, 1949**, to **Dec 16, 1954**, that I last saw the deceased alive on **Dec 16, 1954**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Garrett Lloyd Jones</b> (Degree or title)		23b. ADDRESS <b>Cabool MO</b>		23c. DATE SIGNED <b>Dec 17 1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-19-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CABOOL CEMET. CABOOL, MO.</b>	
24d. LOCATION (City, town, or county) (State) <b>CABOOL, MO.</b>					

DATE REC'D BY LOCAL REG. <b>Dec 20 54</b>		REGISTRAR'S SIGNATURE <b>Garquell Cunningham</b> <b>325-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Elliot - Neutry</b> ADDRESS <b>Cabool, MO.</b>	
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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 .....  
Student Embalmer

Signed: \_\_\_\_\_

*James L. Gentry*

Licensed Embalmer No. *47181*

P. O. Address *Cabool, 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.