

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 29 1955

 BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6011 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Rural, Union Twshp</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>9880</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A</u> c. (Last) <u>Noah</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 21st 1955</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>Feb. 28th 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u> IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>James A. Noah</u>		11b. MOTHER'S MAIDEN NAME <u>No data</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0 Mo</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Lora M Noah</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. A. Noah, RFD, Moberly, Mo</u> ADDRESS	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY?	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>hour</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> <u>year</u> DUE TO (c) <u>Cardio-vascular syndrome</u> <u>year</u> 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? 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 <u>Jan 22</u> , 19 <u>55</u> , to <u>March 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 21</u> , 19 <u>55</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. M^c Cormick D.O.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>300 1/2 Red H. Moberly, Mo.</u>	23c. DATE SIGNED <u>3-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24th 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>
DATE REC'D BY LOCAL REG. <u>3-24-55</u>	REGISTRAR'S SIGNATURE <u>Leavelle</u> <u>269</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son Moberly, Mo</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank O. D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala.

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.