

15-296

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15296

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4227 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Craig</u>	c. LENGTH OF STAY (to this place) <u>12 years</u>	c. CITY OR TOWN <u>Craig</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Craig, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0440</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Margaret c. (Last) Noland 4. DATE OF DEATH (Month) (Day) (Year) May 21, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 18, 1878 9. AGE (In years) (last birthday) 76 Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY In the home 11. BIRTHPLACE (City and State or Foreign Country) Attumwa, Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin F. Martin 13b. MOTHER'S MAIDEN NAME Emma Cardiff 14. NAME OF HUSBAND OR ~~WIFE~~ Nathanial Noland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Noland ADDRESS Craig, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
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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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Ischemia
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anteriorly located heart disease
DUE TO (c) Anteriorly located hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH Week

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) Craig Holt Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from May 13, 1955, to May 21, 1955, that I last saw the deceased alive on May 21, 1955, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Sweeney M.D. 23b. ADDRESS Osceola Mo. 23c. DATE SIGNED 5/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/24/55 24c. NAME OF CEMETERY OR CREMATORY O.O.O.F. 24d. LOCATION (City, town, or county) (State) Craig Mo.

DATE REC'D BY LOCAL REG. 5/25/55 REGISTRAR'S SIGNATURE James Hanover 469 25. FUNERAL DIRECTOR'S SIGNATURE Wilbur L. Schooley ADDRESS Craig, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING 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 *myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wilber L. Scholes*.....

Licensed Embalmer No. *399*.....

P. O. Address *Craig, M*.....

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.