

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19706

No. 300  
10-48

FILED JUN 21 1955

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>	d. CITY OR TOWN <u>Unionville R.F.D.</u> 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 <u>Monroe Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Jackson Township</u> <u>18600</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Enoch</u> b. (Middle) <u>Wiley</u> c. (Last) <u>Noland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 6 1868</u>
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Doster Noland</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Gillaspie</u>		14. NAME OF HUSBAND OR WIFE <u>Stella May Noland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Holliday Lemens, Missouri</u>		ADDRESS <u></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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile debility</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		years <u></u>	
years <u></u>		years <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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)		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>May 30, 1955</u> , to <u>June 3, 1955</u> , that I last saw the deceased alive on <u>June 2, 1955</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. L. Judd D.D.</u> (Degree or title)		23b. ADDRESS <u>Unionville Mo</u>	
23c. DATE SIGNED <u>6/4/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>West Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-18-55</u>		REGISTRAR'S SIGNATURE <u>Byrd A. Bainger</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Comstock Funeral home</u>		ADDRESS <u>Unionville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *James W. Somstock*  
Licensed Embalmer No. *419*  
P. O. Address *Unionville*

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.