

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34315

State File No.

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. James		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 None			STREET ADDRESS (If rural, give location) 0818		
3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Wesley	c. (Last) Noblett	4. DATE OF DEATH (Month) (Day) (Year) Oct 23 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 4, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR: Months 9 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. COUNTRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME H. C. Noblett		13b. MOTHER'S MAIDEN NAME Sarah Matlock		14. NAME OF HUSBAND OR WIFE Helen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Noblett St. James, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis in general DUE TO (c) 331x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans acute				INTERVAL BETWEEN ONSET AND DEATH 0 3 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Irregular tearing about 6 mm				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 10-20, 1955 to 10-23, 1955 , that I last saw the deceased alive on 10-21, 1955 and that death occurred at 7:30A.m. , from the causes and on the date stated above.					
23a. SIGNATURE C. V. Hammler, M.D.		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED 10-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 26, 1955	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Mo.		
DATE REC'D BY LOCAL REG. 10-28-55	REGISTRAR'S SIGNATURE Kath B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE James John St James, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED

Phelps County Health Officer,
County File Number 247
Date Filed OCT 29 1955

NOV 1 1955

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 Gene Gahr
Licensed Embalmer No. 444

P. O. Address H. J. Gahr

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.