

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

37564

FILED DEC 6 1955

State File No. 437

BIRTH NO. _____		REG. DIST. NO. <u>4348</u>		PRIMARY REG. DIST. NO. <u>235</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Montgomery</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Montgomery</u>	
c. LENGTH OF STAY (If in institution) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellsville</u>		d. STREET ADDRESS (If rural, give location) <u>Water Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Water Street</u>				d. STREET ADDRESS (If rural, give location) <u>Water Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HENRY</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>NOBE</u>	
4. DATE OF DEATH (Month) (Day) (Year)		Nov. 30 1955					
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. 13 1882</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>		IF 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>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZENRY OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Nobe</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma Nobe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-09-5356</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. Sweeney, 9134 20th St. St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Artery Disease</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
*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) <u>Coronary Artery Disease</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
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>11-30</u> , 19 <u>55</u> , to <u>11-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-30</u> , 19 <u>55</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Wellsville, Mo.</u>		23c. DATE SIGNED <u>12-25</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-2-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

REC-6

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 E. B. Stalls

Licensed Embalmer No. 11088

P. O. Address Rollerille 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.