FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10204
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Monroe Hospital — Length of stay in 1b 106 days

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Unionville 0860 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) city — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Florence Middle Jones Last Noel
4. DATE OF DEATH Month Mar Day 27 Year 56
5. SEX F
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct-30-1878
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 4 Days 27 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Putnam Co-Mo-
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Richard Steel
14. MOTHER'S MAIDEN NAME Isabelle unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Dayton Noel Address Unionville-Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 1, 1955 to Mar 27, 1956 and last saw her/him alive on 3-27-56
Death occurred at 8 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. W. McDonald Do
22b. ADDRESS Unionville Mo
22c. DATE SIGNED 3-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 3-30-56
23c. NAME OF CEMETERY OR CREMATORY Thompson Cem
23d. LOCATION (City, town, or county) (State) Putnam Co-Mo-

24. FUNERAL DIRECTOR H. Husted Bar ADDRESS Unionville Mo
25. DATE RECD. BY LOCAL REG. 3-31-56
26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ..... Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.