

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13847

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> --- b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lebanon Rural</u>	c. LENGTH OF STAY (In this place) <u>4 mo</u>	c. CITY OR TOWN <u>Lebanon Rural</u>	d. In 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>Rural Route # 4</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. # 4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nellie</u>	b. (Middle) <u>Cate</u>	c. (Last) <u>Noble</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1956</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 13, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 1 WKS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Limestone Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. Henry O'Dell</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Irish Grant Noble</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Madge Baker</u>	ADDRESS <u>Lebanon Rt. 4</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrius Arteriosclerosis</u>	DUE TO (b) <u>(Widow living alone) 20 years</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>unknown</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from March 1954, to April 6th 1956, that I last saw the deceased alive on April 5, 1956, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Barton M.D.</u>	23b. ADDRESS <u>Stoutwood Mo</u>	23c. DATE SIGNED <u>4-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnett Cemetery near Lebanon Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>H-8-1956</u>	REGISTRAR'S SIGNATURE <u>Klella L. Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u>	ADDRESS <u>Lebanon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-16-56.....

Laclede County Health Unit

File No. 61.....

Date Filed 4-16-56.....

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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 Dorsey M. Howe.....

Licensed Embalmer No. 422.....

P. O. Address Lebanon.....

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.