

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26709

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUND City	c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN MOUND City	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 Oyerly Rest Home		e. STREET ADDRESS (If rural, give location) 0440	

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) ALMA c. (Last) NOLAND	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 6, 1891	9. AGE (In years last birthday) 65	UNDER 1 YEAR Months _____ Days _____	1 YEAR OR OVER Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY IN THE HOME	11. BIRTHPLACE (City and State or Foreign Country) Forest City Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Buckles	13b. MOTHER'S MAIDEN NAME MARtha Cotton	14. NAME OF HUSBAND OR WIFE NINIAN NOLAND
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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) No	16. SOCIAL SECURITY NO. 499-2-0-3832	17. INFORMANT'S SIGNATURE OR NAME FRANCES Long	ADDRESS MOUND City, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		INTERVAL BETWEEN ONSET AND DEATH 12 hours 5 years
	ANTECEDENT CAUSES DUE TO (b) Hypertension		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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?
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22. I hereby certify that I attended the deceased from June, 1953, to Aug 20, 1956, that I last saw the deceased alive on Aug 20, 1956, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Bine McRae	23b. ADDRESS D.O. 2 MOUND City	23c. DATE SIGNED 8/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/22/56	24c. NAME OF CEMETERY OR CREMATORY BENTON	24d. LOCATION (City, town, or county) (State) HOLT COUNTY, Mo.
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DATE REC'D BY LOCAL REG. 8/21/56	REGISTRAR'S SIGNATURE James H. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford	ADDRESS MOUND City Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

469-0

SEP 10 1956

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.....
Licensed Embalmer No. 479

P. O. Address *Mound City,*

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.