

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40853**

FILED DEC 19 1956

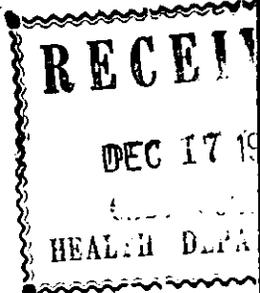
BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5232** Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass		
b. CITY OR TOWN Cleveland Union Township		c. LENGTH OF STAY (in this place) boys	c. CITY OR TOWN Cleveland		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8/90
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 2 Miles North Cleveland			e. STREET ADDRESS (If rural, give location) Equal 2 Miles North of Cleveland		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Gra	c. (Last) Noyes	4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 5 1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Days 9 Hours 1 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A. A. Noyes		13b. MOTHER'S MAIDEN NAME Minerva Bayford	14. NAME OF HUSBAND OR WIFE Never Married		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Craycraft Betha 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion of coronary artery				INTERVAL BETWEEN ONSET AND DEATH 15 MIN
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) CORONARY ATHEROSCLEROSIS	DUE TO (c) 	5 YRS.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	GENERALIZED ARTERIO-SCLEROSIS				10 YRS
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 no , 19____, to _____, 19____, that I last saw the deceased alive on never , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. Moody M.D.			23b. ADDRESS HARRISONVILLE MO.		23c. DATE SIGNED 12-6-56
24a. BURIAL, CREMATION, REMOVAL burial	24b. DATE 12-9-56	24c. NAME OF CEMETERY OR CREMATORY Cleveland	24d. LOCATION (City, town, or county) (State) Near Cleveland MO		
DATE REC'D BY LOCAL REG. 12-14-56	REGISTRAR'S SIGNATURE Prudex Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. E. Myers Cleveland MO		

deputy (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48



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 *Geo. E. Myers*

Licensed Embalmer No. 2517

P. O. Address *Cleveland*

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.