

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 018087  
State File No. ....

FILED MAY 17 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 3050 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 Yrs.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 Bushey Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>510 Bushey Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>510 Bushey Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eugene</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Nolin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 1, 1921</u>	9. AGE (In years last birthday) <u>36</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. IF UNDER 1 YEAR	13. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drill Press Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hassman Refr. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russell, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Ezra Columbus Nolin</u>	13b. MOTHER'S MAIDEN NAME <u>Iola Etheline Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>X</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>Yes WW 2</u>	16. SOCIAL SECURITY NO. <u>432-14-0545</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ezra &amp; Iola Nolin</u>	ADDRESS <u>510 Bushey Ave. C'ville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>26 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular defect</u> DUE TO (c) <u>for 5-10 yrs according to history</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY-OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> 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 May, 1954, to May, 1957, that I last saw the deceased alive on April 30, 1957, and that death occurred at 1 AM m., from the cause and on the date stated above.

23a. SIGNATURE <u>O. W. Cook - m. d.</u>	(Degree or title) <u>m. d.</u>	23b. ADDRESS <u>Caruthersville, Mo.</u>	23c. DATE SIGNED <u>5-9-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-10-1957</u>	REGISTRAR'S SIGNATURE <u>Jessie B. Welke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Smith</u>	ADDRESS <u>Funeral Home C'ville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-111-57

MAY 16 1957  
JUN 5 1957  
MAY 20 1957  
MAY 22 1957  
JUN 3 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *W. Denver Pike*

Licensed Embalmer No. *4424*

P.O. Address *Caruthersville*

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