

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43277

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 226

300  
1-57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>Vernon</u> |  |
| b. CITY OR TOWN <u>NEVADA</u>   |  | c. CITY OR TOWN <u>NEVADA</u> <sup>108 2</sup>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>339 No Cedar</u> |  | d. STREET ADDRESS (If outside, give location) <u>339 No. Cedar</u>  |  |

|  |                               |  |  |   |  |
|--|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or print) First <u>Eldon</u> Middle <u>Ricky</u> Last <u>Noel</u>           |                               |  | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>39</u> Year <u>1957</u> |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 24, 1953</u>                                |   | 9. AGE (in years last birthday) <u>4</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>   |  | 11. BIRTHPLACE (City and state or county) <u>Nevada - Mo.</u> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Eldon Noel</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Dorothy Kirby</u> |  | 14. NAME OF HUSBAND OR WIFE <u>X Child X</u>                 |  |
| 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 # <u>NONE</u>              |  | 17. INFORMANT <u>Dorothy Noel</u> Address <u>Nevada, Mo.</u> |  |

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Burned to death</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7</u>   |
| DUE TO (b) _____<br>DUE TO (c) <u>Probably suffocation</u>  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____                 |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |  |   |  |
|--|--|---|--|
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Boy was playing in a garage with matches</u> |  |
| 20c. TIME OF INJURY<br>Hour <u>11</u> Month <u>28</u> Day <u>57</u> a.m.   |  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - (Garage)</u>                                 |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home - (Garage)</u> |  | 20f. CITY, TOWN, OR LOCATION <u>Nevada</u> COUNTY <u>Vernon</u> STATE <u>MO</u> |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |   |  |

|  |  |  |                                 |  |                                  |
|--|--|--|---------------------------------|--|----------------------------------|
| 22. SIGNATURE (Degree or title) <u>Richard H. Motter (Coroner)</u> |  |  | 22b. ADDRESS <u>Nevada - Mo</u> |  | 22c. DATE SIGNED <u>11-29-57</u> |
|--|--|--|---------------------------------|--|----------------------------------|

|   |  |                              |   |  |   |
|---|--|------------------------------|---|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 23b. DATE <u>3 Dec, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Moore</u> |  | 23d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u> |
|---|--|------------------------------|---|--|---|

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 24. FUNERAL DIRECTOR <u>Richard H. Motter</u> ADDRESS <u>Nevada Mo</u> |  | 25. DATE RECD. BY LOCAL REG. <u>12-4-1957</u> | 26. REGISTRAR'S SIGNATURE <u>Arma &amp; Ferry</u> |  |  |
|--|--|---|---|--|--|

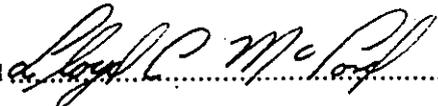
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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. 4853 .....

P. O. Address Nevada, Mo. ....

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.