Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001147

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Glasgow — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2nd St. — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Glasgow 0450 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2nd St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Middle Last: Catherine — NOLKE

4. DATE OF DEATH Month Day Year: Jan. 24, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 21, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months 9 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Greely Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Conrad Olendorff
13b. MOTHER'S MAIDEN NAME: Lena
14. NAME OF HUSBAND OR WIFE: August B. Nolke

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.: None
17. INFORMANT: Mr. August B. Nolke — Address: Glasgow Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary artery occlusion — 33 days
DUE TO (c) arteriosclerosis & obesity — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-13-58, to 1-24-59 and last saw her/him alive on 1-24-59
Death occurred at 11:40A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William C. Allen MD
22b. ADDRESS: Glasgow Mo
22c. DATE SIGNED: 2-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 26, 1959
23c. NAME OF CEMETERY OR CREMATORY: Washington
23d. LOCATION (City, town, or county) (State): Glasgow Mo

24. FUNERAL DIRECTOR: Audsley-Fremonth — ADDRESS: Glasgow Mo
25. DATE RECD. BY LOCAL REG.: Feb. 4, 1959
26. REGISTRAR'S SIGNATURE: Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

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.
Rptd by Ellis Fischel as cancer pt.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS FEB 1 3 1959

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 Charles T. Sanborn

Licensed Embalmer No. 5028

P. O. Address Glougow, Me

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.