

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008571

STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 43

Primary Registration District No. 7007

Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff ⁰¹²⁴ ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1503 Bethel St.		d. STREET ADDRESS (If outside, give location) 1503 Bethel St.	
3. NAME OF DECEASED (Type or print) First Fred Middle Nolte Last Nolte		4. DATE OF DEATH Month March Day 26 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 31, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Polisher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Somerdale, Ohio
13a. FATHER'S NAME Fred Nolte		13b. MOTHER'S MAIDEN NAME Elizabeth Wells	14. NAME OF HUSBAND OR WIFE Dorothy Cook Nolte
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. 316-05-6724	17. INFORMANT Address Mrs. Fred Nolte, Poplar Bluff, Mo.
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 Cardiac failure DUE TO (b) Myocarditis + Abnormalities 1 yr Pulmonary Tuberculosis Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Bronchitis, Carcinoma lungs.			INTERVAL BETWEEN ONSET AND DEATH 1 hr. Unknown
20a. ACCIDENT <input 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.) 4222A	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 5 Jan 59 to 26 Jan 59 and last saw him alive on 26 Jan 59 Death occurred at 5:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Conrad A. Post M.D.		22b. ADDRESS Poplar Bluff, Mo.	
22c. DATE SIGNED 28 March 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-31-59	
23c. NAME OF CEMETERY OR CREMATORY Crown Point Cem.		23d. LOCATION (City, town, or county) (State) KOKOMO, Ind.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 4/4/59	
26. REGISTRAR'S SIGNATURE R. M. Muehle			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

APR 8 1959

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Grove W. Pees

Licensed Embalmer No. 2964
P. O. Address Fowler Blm

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.