

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020276
STATE FILE NUMBER

Dept. Health,
oc., & Welfare
J. S. Public
Health Service

FILED JUN 22 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 186

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR At Home | | Length of stay in 1b | d. STREET ADDRESS 216 E. Harrison (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Isaac Middle A. Last Novinger | | | 4. DATE OF DEATH Month June Day 14, Year 1959 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 10, 1867 | 9. AGE (In years last birthday) 91 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Adair County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME George W. Novinger | 13b. MOTHER'S MAIDEN NAME Mary Jane Motter | 14. NAME OF HUSBAND OR WIFE Mary A. Miley |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) NO | 16. SOCIAL SECURITY NO. X | 17. INFORMANT Mr. Glen Novinger, Kirksville, Mo. |
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| 18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO (b) General arteriosclerosis. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH gradual - several years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | |

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| 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 |
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| 21. I attended the deceased from Death occurred at Jan. 14, '59 to June 16, '59 and last saw him alive on June 13, 1959 7:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22. SIGNATURE (Degree or title) Spencer L. Freeman M.D. | 22b. ADDRESS Kirksville, Mo. | 22c. DATE SIGNED 6/16/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6/17/59 | 23c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery | 23d. LOCATION (City, town, or county) (State) Adair County, Mo |
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| 24. FUNERAL DIRECTOR Paul Miley ADDRESS Kirksville, Mo. | 25. DATE RECD. BY LOCAL REG. 6-18-1959 | 26. REGISTRAR'S SIGNATURE Dora W. Ratliff |
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(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. SECURING THE MEDICAL CERTIFICATION IN THE SPECIFIC MANNER REQUIRED BY 193.140 MoRS 1949. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. SPENCER L. FREEMAN, M.D.

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 *Richard R. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *Ferksville, 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.