

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023886
STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 54

| | | | | | | | | |
|--|----------------------------------|---|--|--|--|---|---|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY TEXAS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Houston | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Houston | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEXAS Co. MEMORIAL | | | Length of stay in 1b 8 HRS | | 107 d. STREET ADDRESS 0 | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MINNIE BLANCH NOAKES | | | | 4. DATE OF DEATH Month Day Year JUNE 26, 1959 | | | | |
| 5. SEX FEMALE | 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 4-22-1903 | | 9. AGE (In years last birthday) 56 | 10. F UNDER 1 YEAR Months Days 2 4 | 11. IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) HOUSE WIFE | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) SULLIVAN, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME SAMUEL Phillip Northcutt | | | 13b. MOTHER'S MAIDEN NAME MARY BALDRIDGE | | 14. NAME OF HUSBAND OR WIFE CHARLES NOAKES | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) NO | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address CHARLES NOAKES | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Essential Hypertension | | | | | | | YEARS. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 a.m. Month, Day, Year p.m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 JUNE 25, 1959 to JUNE 26, 1959 and last saw her alive on JUNE 26, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | | | 22b. ADDRESS Houston, Mo. | | | 22c. DATE SIGNED 7-10-59 | |
| 23a. BURIAL CREMATION, RUBY (Specify) BURIAL | | 23b. DATE 6-28-1959 | 23c. NAME OF CEMETERY OR CREMATORY PALACE | | 23d. LOCATION (City, town, or county) (State) Approx 6 1/2 Mi. N.W. of Roby, Mo. | | | |
| 24. FUNERAL DIRECTOR L. F. Evans Houston, Mo. | | | 25. DATE RECD. BY LOCAL REG. July 19-59 | | 26. REGISTRAR'S SIGNATURE Myrtle Craig | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 15 1959

JAN 20 1960

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 *Luell E. Craig*

Licensed Embalmer No. *4764*

P. O. Address *mta 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.