

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011501

FILED VS. APR 12 1960

156

Primary Registration District No. 2001

Registrar's No. 173

STATE FILE NUMBER

NDED

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|--|----------------------------------|---|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin | | Length of stay in Ib minutes | c. CITY OR TOWN Carthage | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Freeman hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 515 Bellaire | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ARTHUR Middle NOE Last NOE | | | 4. DATE OF DEATH Month April Day 7 Year 1960 | | | |
| 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 5-14-1885 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired orchardist | | 10b. KIND OF BUSINESS OR INDUSTRY citrus fruits | 11. BIRTHPLACE (City and state or country) La Cyne, Kansas | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME J. B. Noe | | 13b. MOTHER'S MAIDEN NAME Maria Elliott | | 14. NAME OF HUSBAND OR WIFE Kathryn Cresap Noe | | |
| 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. 455-18-7493 | 17. INFORMANT Address Carthage, Mo Mrs. Kathryn Noe, 515 Bellaire, | | | |
| 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 coronary occlusion DUE TO (b) Arteriosclerated Heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post herpetic neuropathy | | | | | INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| 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"/> | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 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 9-17-54 to 4-7-60 and last saw her alive on 6-22-59 Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Richard R. Coyle M.D. | | | 22b. ADDRESS 116 W. 3rd, Carthage, Mo | | 22c. DATE SIGNED 4-8-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 4-9-1960 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery, Mo | | 23d. LOCATION (City, town, or county) (State) Webb City, Missouri | | |
| 24. FUNERAL DIRECTOR KNELL MORTUARY | | ADDRESS Carthage, Mo | 25. DATE RECD. BY LOCAL REG. 4-8-1960 | 26. REGISTRAR'S SIGNATURE Noe Merriam | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.