

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED MAY 4 1961 AMENDED 318 Primary Registration District No. 1003 Registrar's No. 4036 -61-015495 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 5 days		c. CITY OR TOWN Luebbering	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural	
3. NAME OF DECEASED (Type or print) First Middle Last Edward O. Noblin						4. DATE OF DEATH April 25, 1961	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1896	
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker				10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Salem, Mo.	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME Samuel Noblin		13b. MOTHER'S MAIDEN NAME Emma Williamson	
14. NAME OF HUSBAND OR WIFE Pearl Noblin				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> WWI			
17. INFORMANT Annette Woodcock						Address Luebbering, 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) Carcinomatosis of lung & abdomen							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer of Jaw							
DUE TO (c) 3 yrs							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1960						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year							
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 Aug 1957 to 4/25/61 and last saw him alive on 4/25/61. Death occurred at 12:00 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. B. Samuel MD				22b. ADDRESS 4660 Maryland		22c. DATE SIGNED 4/25/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 28, 1961		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) Lonedell, Mo. (State)	
24. FUNERAL DIRECTOR Casey-Lenox St. Clair, Mo.				25. DATE RECD. BY LOCAL REG. APR 27 1961		26. REGISTRAR'S SIGNATURE Road Smith, 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 Willard L. Strauser, Student Embalmer No. 623

working under my personal supervision.

Student

Willard L. Strauser

Signature of Student Embalmer

Signed

H. M. Leroy, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, 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.