

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

366-61-028590  
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 366

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Advance, Welch Twp.	Length of stay in 1b Life	c. CITY OR TOWN Advance,	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. # 1	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. # 2 Welch Twp.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last William C Curtis Noble			4. DATE OF DEATH Month Day Year Sept. 2, 1961			
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 9/28/08	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) R#1, ADVANCE, Mo.		12. CITIZEN OF WHAT COUNTRY u.s.a.	
13a. FATHER'S NAME William Noble		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Fern Sullinger Noble		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	17. INFORMANT Address Fern Noble, R. # 1, Advance, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinomatosis		1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma, ascending colon	2 years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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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 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
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21. I attended the deceased from Nov. 18, 1960 to Sept. 2, 1961 and last saw her/him alive on Sept. 2, 1961  
Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward D Campbell M.D.	22b. ADDRESS Cape Girardeau, Missouri	22c. DATE SIGNED 9-8-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-5-61	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) (State) Advance, Mo.
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24. FUNERAL DIRECTOR W. H. Morgan	ADDRESS Advance, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-61	26. REGISTRAR'S SIGNATURE Drew Kasten
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W<sup>m</sup> H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Me.

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.