

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030099

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 299

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Levering Hospital		d. STREET ADDRESS (If outside, give location) RFD # 3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LIBEUS Middle WILLIAM Last NOEL			4. DATE OF DEATH Month August Day 30 Year 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 May 12, 1895	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 3 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horseman		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and state or country) Higbee Missouri	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Robert S. Noel		13b. MOTHER'S MAIDEN NAME Maggie Cline	
14. NAME OF HUSBAND OR WIFE Letha Bufkler Noel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes W W I			
17. INFORMANT Mrs. L. W. Noel Hannibal Missouri				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) vomiting, acidosis, debility extensive metastatic Ca generalized			INTERVAL BETWEEN ONSET AND DEATH 2 mo 2 yrs
DUE TO (b)			
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

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. _____ p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, to _____ and last saw her/him alive on _____.
Death occurred at **7:25 P** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. G. Sultzman M.D.	22b. ADDRESS Hannibal Mo.	22c. DATE SIGNED 9/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/2/1961	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pak
23d. LOCATION (City, town, or county) Hannibal Missouri		(State)

24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 9/6/61	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by William M. Herman
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

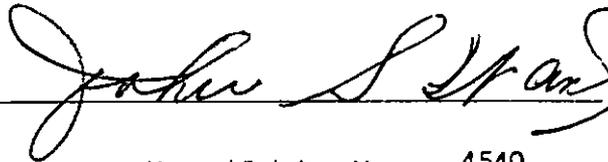
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1961

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  _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.